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Apr 26, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # *N36101OK*
 1. Corporation Name
 SOLANA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 5295 TOWN CENTER RD.
 BOCA RATON, FL 33486 5295 TOWN CENTER RD.
 BOCA RATON, FL 33486

2. Principal Place of Business 21 5295 TOWN CENTER RD.	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/16/90
22 Suite, Apt. #, etc. #200	27 Suite, Apt. #, etc.	4. FEI Number 65-0230032
23 City & State BOCA RATON, FL	28 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33486	29 Country U.S.	30 Country
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name ISAACSON, WILLIAM K.	
		82 Street Address (P.O. Box Number is Not Acceptable) C/O LANG MGMT. CO., INC.	
		83 5295 TOWN CENTER RD. #200	
		84 City BOCA RATON	85 Zip Code 33486

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
 SIGNATURE: *Wm. K. Isaacson* **WM. K. ISAACSON**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P, D ELME, SAM	1.2 NAME	
STREET ADDRESS	6357-B GRAYCLIFF DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33496	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP, D COATS, SHIRLEY	2.2 NAME	
STREET ADDRESS	6237-D GRAYCLIFF DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33496	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T, S; D SCHER, PAUL	3.2 NAME	
STREET ADDRESS	6244-B GRAYCLIFF DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33496	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with a letter like empowered.

SIGNATURE: *Paul Scher* **PAUL SCHER** 4-9-99 518-462-5544
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)