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**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		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5295 TOWN CENTER RD.		26		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 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country U.S.		30 Country			

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* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P.D. BLUME, SAM	1.1 TITLE	
NAME	6357-B GRAYCLIFF DR.	1.2 NAME	
STREET ADDRESS	BOCA RATON, FL 33496	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP, D. COATS, SHIRLEY	2.1 TITLE	
NAME	6237-D GRAYCLIFF DR.	2.2 NAME	
STREET ADDRESS	BOCA RATON, FL 33496	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T.S.D. SCHER, PAUL	3.1 TITLE	
NAME	6244-B GRAYCLIFF DR.	3.2 NAME	
STREET ADDRESS	BOCA RATON, FL 33496	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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* 4-9-99 518-462-5544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)