

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36101

1. Entity Name

SOLANA CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90091 043 ****70.00

Principal Place of Business	Mailing Address
5295 TOWN CENTER RD. BOCA RATON FL 33496 US	5295 TOWN CENTER RD. BOCA RATON 33496-1003

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0230032	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ISAACSON, WILLIAM K
C/O IAN MGMT. CO. INC
5295 TOWN CENTER RD. #200
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLUME, SAM	
STREET ADDRESS	6357 B GRAY CLIFF DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MENZEL, ALLAN	
STREET ADDRESS	6244 D GRAY CLIFF	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	SCHEZ, PAUL	
STREET ADDRESS	6244B GRAY CLIFF DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COATS, SHIRLEY	
STREET ADDRESS	6237-B GRAY CLIFF DR.	
CITY-ST-ZIP	BOCA RATON 33496	
TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHER, PAUL	
STREET ADDRESS	6244-B GRAYCLIFF DRIVE	
CITY-ST-ZIP	BOCA RATON 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SCHER, PAUL 4-11-00 561-995-8853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)