

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90266 031 ****70.00

DOCUMENT # N36101

1. Entity Name

SOLANA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5295 TOWN CENTER RD.
 BOCA RATON FL 33496
 US

Mailing Address

5295 TOWN CENTER RD.
 BOCA RATON 33486

2. Principal Place of Business

21045 Commercial Trl

Suite, Apt. #, etc.

3. Mailing Address

21045 Commercial Trl

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

Country

33486

Zip

Country

33486

4. FEI Number

65-0230032

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

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)

% LANG MANAGEMENT CO, INC

21045 COMMERCIAL TRAIL

City

BOCA RATON

FL

Zip Code

33486

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME BLUME, SAM ☐ Delete
 STREET ADDRESS 6357 B GRAY CLIFF DR
 CITY-ST-ZIP BOCA RATON FL 33496

TITLE VPD
 NAME MENZEL, ALLAN ☒ Delete
 STREET ADDRESS 6244 D GRAY CLIFF
 CITY-ST-ZIP BOCA RATON FL 33496

TITLE TSD
 NAME SCHER, PAUL ☐ Delete
 STREET ADDRESS 6244B GRAY CLIFF DR
 CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD
 NAME COATS, SHIRLEY ☐ Change ☒ Addition
 STREET ADDRESS 6237-D GRAYCLIFF DR.
 CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Signature Required **1-23-01** **561-995-8853**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)