2002 UNIFORM BUSINESS REPORT (UBR)

Mar 28, 2002 8:00 am Secretary of State **DOCUMENT # N36101** 1. Entity Name SOLANA CONDOMINIUM ASSOCIATION, INC. 03-28-2002 90786 014 ****70.00 Principal Place of Business Mailing Address 21045 COMMERCIAL TRL 21045 COMMERCIAL TRU **BOCA RATON FL 33486** BOCA RATON FL 33486 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0230032 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) C/O LANG MANAGEMENT CO, INC 21045 COMMERCIAL TRL **BOCA RATON FL 33486** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE ☐ Addition BLUME, SAM NAME NAME STREET ADDRESS 6357 B GRAY CLIFF DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** VPD VPD Delete Addition TITLE TITLE ☐ Change COATS, SHIRLEY NAME NAME B0021N, PA46 6216-D ISLAND BEND 6237-D GRAYCLIFF DR. STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP CITY-ST-ZIP BOCA RATTH, FL 33496 BOCA RATON FL 33496 TITLE Change ☐ Delete TITI F ☐ Addition NAME SCHEZ, PAUL NAME SCHER STREET ADDRESS 6244B GRAY CLIFF DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

SIGNATURE: SIGN/ WILL SCHER 2-9-02