

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90074 020 \*\*\*\*61.25

**C0031831**

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N96060602133**  
 1. Entity Name  
**The 110 Solana Condominium Association, Inc.**


Principal Place of Business  
**110 Solana Rd**  
**Ponte Vedra Beach FL**  
**32082**

Mailing Address  
**c/o Suncoast Properties**  
**200-A Solana Rd**  
**Ponte Vedra Beach, FL 32082**

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3374652</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>Frans Depis. Agent</b> <b>1 Independent Dr. # 106</b> <b>Jacksonville FL 32202</b>				<b>Name: <u>Sue Ogden</u></b> <b>Street Address (P.O. Box Number is Not Acceptable):</b> <b>c/o Suncoast Properties Inc</b> <b>200-A Solana Rd</b> <b>City: Ponte Vedra Beach FL Zip Code: 32082</b>			

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

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make Check Payable to:</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>PD</b>	<b>Koski, George</b>	<b>110 Solana Rd Ste 106</b>				
		<b>Ponte Vedra Beach FL 32082</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>VD</b>	<b>Gervin, Syd</b>	<b>1 Independent Dr. Ste 1600</b>				
		<b>Jax, FL 32202</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>STD</b>	<b>Wilson, Ruth</b>	<b>110 Solana Rd Ste 100</b>				
		<b>Ponte Vedra Beach FL 32082</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	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:  **George Koski** **2/20/01 285-2222**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/00)