2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N96000002377

Entity Name: SOLANO PROFESSIONAL CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

103 SOLANO RD
STE. A
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

105 SOLANO RD
STE. A
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

FEI Number: 59-3433217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOWNSEND, ERIC L P
105 SOLANA ROAD
SUITE A
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TOWNSEND, ERIC L
Address: 105 SOLANA RD., STE. A
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD ( ) Delete
Name: MOREHEAD, RICHARD T
Address: 105 B SOLANA ROAD
City-St-Zip: PONTE VEDRA, FL 32082

Title: TD ( ) Delete
Name: METZ, RUSSELL D
Address: 103 SOLANA RD STE B
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: FAJANS, ROBERT
Address: 103 SOLANA RD STE A
City-St-Zip: PONTE VEDRA, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC L TOWNSEND PD 02/23/2009
Electronic Signature of Signing Officer or Director — Date