


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # N97000000908 1. Entity Name SOLANA II CONDOMINIUM ASSOCIATION, INC,	
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Principal Place of Business 6229D GRAYCLIFF DRIVE BOCA RATON, FL 33496 US	Mailing Address 6229D GRAYCLIFF DRIVE BOCA RATON, FL 33496 US
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0870044	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**STEIN, STUART
6229 D GRAYCLIFF DRIVE
BOCA RATON, FL 33496**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAIL, MICKEY 6229 GRAYCLIFF DRIVE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEVINE, RUTH 6229 A GRAYCLIFF DR BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STEIN, STUART 6229 D GRAYCLIFF DR BOCA RATON, FL 33496
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01/24/08-80013-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **STUART STEIN** **Jan 16, 2008** **561-999-0071**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #