

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004585

Entity Name: SOLANA LAKE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5505 N ATLNTIC AVE
207
COCOA BEACH, FL 32931**Current Mailing Address:**5505 N. ATLANTIC AVENUE
SUITE 207
COCOA BEACH, FL 32931 US**FEI Number: 59-3662573****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KEYS ENTERPRISE
5505 N. ATLANTIC AVENUE
SUITE 207
COCOA BEACH, FL 32931 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	DEBLAUW, ARLYN
Address	5505 N. ATLANTIC AVENUE SUITE 207
City-State-Zip:	COCOA BEACH FL 32931

Title	VP
Name	CAPASSO, JOSEPH
Address	5505 N. ATLANTIC AVENUE SUITE 207
City-State-Zip:	COCOA BEACH FL 32931

Title	TREASURER
Name	HIGGINS, JOHN
Address	5505 N. ATLANTIC AVENUE SUITE 207
City-State-Zip:	COCOA BEACH FL 32931

Title	MANAGER
Name	HEADRICK , SCOTT
Address	5505 N. ATLANTIC AVENUE SUITE 207
City-State-Zip:	COCOA BEACH FL 32931

Title	SECRETARY
Name	VAN HORN , MARY
Address	5505 N ATLANTIC AVE 207
City-State-Zip:	COCOA BEACH FL 32931

Title	DIRECTOR
Name	MARGADONNA, BOB
Address	5505 N ATLNTIC AVE 207
City-State-Zip:	COCOA BEACH FL 32931

I hereby 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 all other like empowered.

SIGNATURE: SCOTT HEADRICK**MANAGER****03/11/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date