

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N96000006012 (6)**

**SOLIMAR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 2875 N.E. 191ST STREET SUITE 404 NORTH MIAMI BEACH FL 33180

Mailing Address: 2875 N.E. 191ST STREET SUITE 404 NORTH MIAMI BEACH FL 33180

3. Date Incorporated or Qualified: 11/25/1996

4. FEI Number: 65-0822098

APPLIED FOR

2. Principal Place of Business (21-24) and Mailing Address (25-28) details including Suite, Apt. #, City & State, Zip, and Country.

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent: REINHARD, SANFORD N, 2875 N.E. 191ST STREET SUITE 404, NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHARD, SANFORD N	1.2 NAME	Isadore Goldlist
STREET ADDRESS	2875 N.E. 191ST STREET	1.3 STREET ADDRESS	9595 Collins Avenue
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	1.4 CITY-ST-ZIP	Surfside, Florida 33154
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHBERG, CHERYL D	2.2 NAME	Silvia Coltrane
STREET ADDRESS	2875 N.E. 191ST STREET	2.3 STREET ADDRESS	9595 Collins Avenue
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	2.4 CITY-ST-ZIP	Surfside, Florida 33154
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERA, JOSY	3.2 NAME	Michael Garcia
STREET ADDRESS	2875 N.E. 191ST STREET	3.3 STREET ADDRESS	9595 Collins Avenue
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	3.4 CITY-ST-ZIP	Surfside, Florida 33154
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Garcia MICHAEL GARCIA 5/7/98 305 864-0110

Signature and typed or printed name of signing officer or director. Date: 5/7/98 Daytime Phone #: 3053564

CR2E037 (10/97)