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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # N96000006012 (6)

SOLIMAR CONDOMINIUM ASSOCIATION, INC.

FILED May 18 1998 8:00am Secretary of State

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Principal Place					
, moipart ido	e of Business	Mailing Address			
2075 N.E. 191ST STREET SUITE 404 NORTH MIAMI BEACH FL 33180		2875 N.E. 191ST STREET			3. Date Incorporated or Qualified
		SUITE 404 NORTH MAMI BEACH FL 33180			11/25/1996
MONTH MANAGEMENT	SCHOOL LE 33100	MONTH WINNI DENOT PL	33160		4. FEI Number 65-0822098 Applied For
					APPLIED FOR Not Applicable
- '	lace of Business	28. Mailing Address			5. Certificate of Status Desired S8.75 Additional
Sulte, Apt.	# etc	26 Suite, Apt. #, etc.			Fee Required
22	w, 010.	27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State	e	City & State			7. Is this nonprofit corporation a homeowners association?
23		28			☐ Yes ☐ No
Zip	Country	Zip	├	untry	8. This corporation owes or has paid the current year Intangible
24	25	29	30	·	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New Registered Agent
				(a) Name	
	ND, SANFORD N			82 Street	Address (P.O. Box Number is Not Acceptable)
	E. 191ST STREET			83	
SUITE 40					
NUKIRI	MIAMI BEACH FL 33180			84 City	Fi 85 Zip Code
11. Pursuant	to the provisions of Sections 617 0500	2 and 617 1508 Florida Stats	ites, the s	bove-named	corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of Section 617 0503. F	authorize	ed by the corp	poration's board of directors. I hereby accept the appointment as registered
_			onda St	udios.	
SIGNATURE .	Signature, typed or printed name of registered ages				required when reinstating) DATE
SIGNATURE		nt and title if applicable (NO	TE: Register	ed Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered age: OFFICERS AND	ot and title if applicable (NO	13	ed Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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