2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State
03-19-2004 90026 044 ****61.25

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1. Entity Name
SOLIMAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9559 COLLINS AVE. MANAGEMENT OFFICE SURFSIDE, FL 33154	9559 COLLINS AVE. MANAGEMENT OFFICE SURFSIDE, FL 33154

02242004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
9559 Collins Avenue	9559 Collins Avenue
Suite, Apt. #, etc.: management office	Suite, Apt. #, etc.: management office
City & State: Surfside, Fl	City & State: Surfside, FL
Zip: 33154 Country: USA	Zip: 33154 Country: USA

4. FEI Number 65-0822098 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOLIMAR CONDO ASSOC. INC. 9559 COLLINS AVENUE SURFSIDE, FL 33154	Name: Solimar Condo Assoc. Inc Street Address (P.O. Box Number is Not Acceptable): 9559 Collins Avenue City: Surfside FL Zip Code: 33154

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: [signature] 2/24/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OJALVO, JOSE 9559 COLLINS AVENUE SURFSIDE, FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John Ermer 9559 Collins Avenue, # 204 Surfside, Fl 33154 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RINEHART, WAYNE 9565 COLLINS AVE SURFSIDE, FL 33154	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Joseph Murphy 9559 Collins Avenue, #1104 Surfside, Fl 33154 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEINER, JOEL 9565 COLLINS AVE SURFSIDE, FL 33154	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUKAC, JENNIE 9559 COLLINS AVENUE SURFSIDE, FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GODUR, PHILLIP 9559 COLLINS AVENUE SURFSIDE, FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEVIN, CAROLYN S 9559 COLLINS AVENUE SURFSIDE, FL 33154	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: [signature] 2/24/04 305-866-0595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #