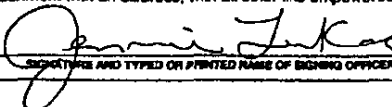


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90026 044 ****61.25

DOCUMENT # N96000006012 1. Entity Name SOLIMAR CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 9559 COLLINS AVE. MANAGEMENT OFFICE SURFSIDE, FL 33154		Mailing Address 9559 COLLINS AVE. MANAGEMENT OFFICE SURFSIDE, FL 33154	
2. Principal Place of Business 9559 Collins Avenue Suite, Apt. #, etc. Management office City & State Surfside, FL Zip 33154 Country USA		3. Mailing Address 9559 Collins Avenue Suite, Apt. #, etc. Management office City & State Surfside, FL Zip 33154 Country USA	
4. FEI Number 65-0822098		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		02242004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent SOLIMAR CONDO ASSOC. INC. 9559 COLLINS AVENUE SURFSIDE, FL 33154		7. Name and Address of New Registered Agent 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 typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 2/24/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE T NAME OJALVO, JOSE ☐ Delete STREET ADDRESS 9559 COLLINS AVENUE CITY-ST-ZIP SURFSIDE, FL 33154	TITLE John Ermer ☐ Change ☒ Addition NAME 9559 Collins Avenue, # 204 STREET ADDRESS Surfside, FL 33154 CITY-ST-ZIP	TITLE D ☒ Delete NAME RINEHART, WAYNE STREET ADDRESS 9565 COLLINS AVE CITY-ST-ZIP SURFSIDE, FL 33154	TITLE Joseph Murphy ☐ Change ☒ Addition NAME 9559 Collins Avenue, #1104 STREET ADDRESS Surfside, FL 33154 CITY-ST-ZIP
TITLE D ☒ Delete NAME WEINER, JOEL STREET ADDRESS 9565 COLLINS AVE CITY-ST-ZIP SURFSIDE, FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE D ☐ Delete NAME LUKAC, JENNIE STREET ADDRESS 9559 COLLINS AVENUE CITY-ST-ZIP SURFSIDE, FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP ☐ Delete NAME GODUR, PHILLIP STREET ADDRESS 9559 COLLINS AVENUE CITY-ST-ZIP SURFSIDE, FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE S ☒ Delete NAME LEVIN, CAROLYN S STREET ADDRESS 9559 COLLINS AVENUE CITY-ST-ZIP SURFSIDE, FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 2/24/04 305-866-0595 Date Daytime Phone #	