

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

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90285 027 \*\*\*\*61.25

**DOCUMENT # 744606**

1. Entity Name  
**SOLIMAR OF KEY BISCAVNE CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**255 GALEN DRIVE  
KEY BISCAVNE, FL 33149-2121**

Mailing Address  
**C/O C.P.M. CORP.  
170 OCEAN LANE DRIVE  
KEY BISCAVNE, FL 33149 US**

**94054824**



01072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2026622**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CERTIFIED PROPERTY MGMT  
170 OCEAN LN DRIVE  
SUITE 208  
KEY BISCAVNE, FL 33149**

**DO NOT WRITE  
IN THIS SPACE**

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

**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**

TITLE	VP
NAME	PALAZIO, VALERIA
STREET ADDRESS	255 GALEN DR
CITY-ST-ZIP	KEY BISCAVNE, FL
TITLE	PD
NAME	ALVAREZ, M. A
STREET ADDRESS	255 GALEN DR
CITY-ST-ZIP	KEY BISCAVNE, FL
TITLE	TD
NAME	CASTRO, JOSE
STREET ADDRESS	255 GALEN DR
CITY-ST-ZIP	KEY BISCAVNE, FL
TITLE	ASD
NAME	DIAZ, SILVIA
STREET ADDRESS	255 GALEN DR
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	SD
NAME	ALMANSA, RAQUEL
STREET ADDRESS	255 GALEN DR
CITY-ST-ZIP	KEY BISCAVNE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

Daytime Phone #