## 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT # N96000006012

1. Entity Name



FILED

104 AUG -5 PM 2:01

1. Entity Nam SOLIMAF	OLIMAR CONDOMINIUM ASSOCIATION, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Plac 9559 COLLIN MANAGEMEN SURFSIDE, F	NS AVE. Nt office	Mailing Address 9559 COLLIN MANAGEMENT SURFSIDE, FL	S AVE. Office				1 21111 88111 <b>88</b> 111 8 <b>9</b> 111	<b>28</b> 111 <b>8</b> 711 <b>3</b> 71111		KALUK CRAL	
2. Principal P	lace of Business 1 COLLIDS AVENUE	3. Mailing Address 9559 COLUNS AVENUE									
Suite, Apt. #, etc.  MANACEMENT OFFICE		Suite, Apt. #, etc.  NANASEMENT OFFICE			(	07202004 Chg-NP CR2E037 (10/03)					
City & State SURFSIDE, FL		City & State SURFSIDE, FL			4	4. FEI Number 65-0822098				plied For t Applicable	
zip 33	154 Country	<sup>Zip</sup> 33154		Country	5	. Certificate of S	itatus Desired		8.75 Addi ee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
SOLIMAR CONDO ASSOC. INC.					Name SOULAR CONDO ASSOC INC						
9559 COLLINS AVENUE SURFSIDE, FL 33154				Street Address (P.O. Box Number is Not Acceptable)							
	1				7-1111-11-1		170. 1				
				City SI	City SULFSULE FL Zip 338154					154	
	named entity submits this statement for tions of registered agent.	the purpose of ch	anging its regist	tered office or re	egistered	agent, or both, in	n the State of Flori	ida. Iam fa	miliar with,	and accept	
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SIGNATURE											
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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

305-865-8462

Daytime Phone #