

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90026 038 ****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**

50006863



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

01062005

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0822098

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fees Required

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

TITLE **T** ☐ Delete
NAME **OJALVO, JOSE**
STREET ADDRESS **9559 COLLINS AVENUE**
CITY-ST-ZIP **SURFSIDE, FL 33154** **Change**

TITLE **D** ☐ Delete
NAME **ERMER, JOHN**
STREET ADDRESS **9559 COLLINS AVENUE #204**
CITY-ST-ZIP **SURFSIDE, FL 33154**

TITLE **D** ☒ Delete
NAME **MURPHEY, JOSEPH**
STREET ADDRESS **9559 COLLINS AVENUE #1104**
CITY-ST-ZIP **SURFSIDE, FL 33154** **Change**

TITLE **D** ☐ Delete
NAME **LUKAC, JENNIE**
STREET ADDRESS **9559 COLLINS AVENUE**
CITY-ST-ZIP **SURFSIDE, FL 33154**

TITLE **VP** ☒ Delete
NAME **GODUR, PHILLIP**
STREET ADDRESS **9559 COLLINS AVENUE**
CITY-ST-ZIP **SURFSIDE, FL 33154**

TITLE **D** ☒ Delete
NAME **FORTMAN, MARION**
STREET ADDRESS **9559 COLLINS AVE.**
CITY-ST-ZIP **SURFSIDE, FL 33154** **Change**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/Sec.** ☐ Change ☒ Addition
NAME **WAYNE RINEHART**
STREET ADDRESS **9559 Collins Avenue, #202**
CITY-ST-ZIP **Surfside, Fl. 33154**

TITLE **D** ☒ Change ☐ Addition
NAME **Ojalvo, Jose**
STREET ADDRESS **9559 Collins Avenue, #1002**
CITY-ST-ZIP **Surfside, Fl. 33154**

TITLE **P** ☒ Change ☐ Addition
NAME **Portman, Marion**
STREET ADDRESS **9559 Collins Avenue, #509**
CITY-ST-ZIP **Surfside, Fl. 33154**

TITLE **T** ☒ Change ☐ Addition
NAME **Murphy, Joseph**
STREET ADDRESS **9559 Collins Avenue, #1104**
CITY-ST-ZIP **Surfside, Fl. 33154**

TITLE **VP** ☐ Change ☒ Addition
NAME **Kravitz, Mark**
STREET ADDRESS **9559 Collins Avenue #710**
CITY-ST-ZIP **Surfside, FL 33154**

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:

Marion Portman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-866-0595

Daytime Phone #