


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 08:00 A
Secretary of State

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
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03142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0822098	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOLIMAR CONDO ASSOC. INC. 9559 COLLINS AVENUE SURFSIDE, FL 33154

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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, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OJALVO, JOSE 9559 COLLINS AVENUE #1002 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OJALVO, JOSE 9559 COLLINS AVE #1002 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTMAN, MARION 9595 COLLINS AVE #509 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GODUR, PHILIP 9559 COLLINS AVE #305 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAVULUNOV, EDUARD 9559 COLLINS AVE #310 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMBURGER, PAUL 9595 COLLINS AVENUE # 1005 SURFSIDE, FL 33154

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05/31/07-80020-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JOSE OJALVO (Signature) 5/14/07 305 866-0588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #