

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744606

**Entity Name:** SOLIMAR OF KEY BISCAVNE CONDOMINIUM  
ASSOCIATION,INC.**Current Principal Place of Business:**255 GALEN DRIVE  
KEY BISCAVNE, FL 33149-2121**Current Mailing Address:**C/O C.P.M. CORP.  
1801 CORAL WAY#305  
MIAMI, FL 33145 US**FEI Number: 59-2026622****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CERTIFIED PROPERTY MGMT  
1801 CORAL WAY, STE.305  
MIAMI, FL 33145 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	MIYARES, BLAS
Address	C/O CERTIFIED PROPERTY MANAGEMENT 1801 CORAL WAY#305
City-State-Zip:	MIAMI FL 33145
Title	VP
Name	NUNEZ, ANA
Address	C/O CERTIFIED PROPERTY MANAGEMENT 1801 CORAL WAY, SUITE305
City-State-Zip:	MIAMI FL 33145

Title	TREASURER
Name	RODRIGUEZ, KATIA
Address	C/O CERTIFIED PROPERTY MANAGEMENT 1801 CORAL WAY#305
City-State-Zip:	MIAMI FL 33145
Title	SECRETARY
Name	JACOMINO, LOURDES S.
Address	C/O CERTIFIED PROPERTY MANAGEMENT 1801 CORAL WAY, SUITE305
City-State-Zip:	MIAMI FL 33145

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: MIYARES , BLAS****PRESIDENT****04/29/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date