

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006012

Entity Name: SOLIMAR CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**9559 COLLINS AVE.
MANAGEMENT OFFICE
SURFSIDE, FL 33154**Current Mailing Address:**9559 COLLINS AVE.
MANAGEMENT OFFICE
SURFSIDE, FL 33154**FEI Number:** 65-0822098**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GURSKY RAGAN, P.A.
14 NE 1ST AVE SECOND FL
MIAMI, FL 33132 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 PRES
Name GODUR, PHILLIP
Address 9559 COLLINS AVENUE #305
City-State-Zip: SURFSIDE FL 33154

Title TREA
Name ROLLHAUS, SARI
Address 9595 COLLINS AVE #805
City-State-Zip: SURFSIDE FL 33154

Title D
Name OSTROWIECKI, MARTA
Address 9559 COLLINS AVE #301
City-State-Zip: SURFSIDE FL 33154

Title DIRECTOR
Name CATTANEO, CARLOS
Address 9559 COLLINS AVE #401
City-State-Zip: SURFSIDE FL 33154

Title VP
Name WOLINETZ, HARVEY
Address 9559 COLLINS AVE #610
City-State-Zip: SURFSIDE FL 33154

Title DIRECTOR
Name KIRSCHENBLATT, MARVIN
Address 9559 COLLINS AVENUE #209
City-State-Zip: SURFSIDE FL 33154

Title SECRETARY
Name BRENNER, STEPHEN DR.
Address 9595 COLLINS AVE #908
City-State-Zip: SURFSIDE FL 33154

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: PHILLIP GODUR**PRESIDENT****02/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date