

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