

**2022 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:** Yes**Name and Address of Current Registered Agent:**LACHTERMAN, STEVEN J ESQ.  
2655 S LE JEUNE ROAD  
PH 1 H  
MIAMI, FL 33134 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:** STEVEN J. LACHTERMAN, ESQ.

04/29/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            STEPHEN , BRENNER  
Address        9559 COLLINS AVE.  
                  MANAGEMENT OFFICE  
City-State-Zip: SURFSIDE FL 33154

Title            VP  
Name            MONICA, GERSHANIK  
Address        9559 COLLINS AVE.  
                  MANAGEMENT OFFICE  
City-State-Zip: SURFSIDE FL 33154

Title            SECRETARY  
Name            JONAH, BARDOS  
Address        9559 COLLINS AVE.  
                  MANAGEMENT OFFICE  
City-State-Zip: SURFSIDE FL 33154

Title            TREASURER  
Name            RAMOS TABOADA, JUAN  
Address        9559 COLLINS AVE.  
                  MANAGEMENT OFFICE  
City-State-Zip: SURFSIDE FL 33154

Title            DIRECTOR  
Name            CHARME, MAGDALENA  
Address        9559 COLLINS AVE.  
                  MANAGEMENT OFFICE  
City-State-Zip: SURFSIDE FL 33154

Title            DIRECTOR  
Name            KIRSHENBLATT, MARVIN  
Address        9559 COLLINS AVE.  
                  MANAGEMENT OFFICE  
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:** MAGDALENA CHARME**BOD**

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date