FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:

DOCUMENT # N15673 (9)

1. Corporation Name
SOLIMAR HOMEOWNERS' ASSOCIATION NO. 2, INC.

Principal Place of Business	Mailing Address
21590 VILLA NOVA DRIVE BOCA RATON FL 33433	21590 VILLA NOVA DRIVE BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1986
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2769570 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21 Same; Suite, Apt. #, etc. — 22 Same; City & State — 23 Same; Zip — 24 Same; Country — 25
2a. Mailing Address — 26 Same; Suite, Apt. #, etc. — 27 Same; City & State — 28 Same; Zip — 29; Country — 30

9. Name and Address of Current Registered Agent

GILLESPIE, BOWEN R.
1515 SOUTH FEDERAL HWY 300
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Paul DeBernardo Trea. DATE: 4/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DR	11 TITLE	PD ☒ Change ☒ Addition
NAME	GOLDSTEIN, D	12 NAME	Carlos Latapie
STREET ADDRESS	21590 VILLA NOVA DR.	13 STREET ADDRESS	7915 Villa Nova Dr
CITY-ST-ZIP	BOCA RATON FL 33433	14 CITY-ST-ZIP	Boca Raton, Fla. 33433
TITLE	DV	21 TITLE	VPD ☒ Change ☒ Addition
NAME	BEATY, M	22 NAME	Lorraine Gaudette
STREET ADDRESS	21590 VILLA NOVA DR.	23 STREET ADDRESS	7939 Villa Nova Dr, Boca Raton Fl.
CITY-ST-ZIP	BOCA RATON FL 33433	24 CITY-ST-ZIP	
TITLE	DT	31 TITLE	V.PD ☒ Change ☒ Addition
NAME	DEBERNARDO, P	32 NAME	Matthew DiVenuta
STREET ADDRESS	21590 VILL NOVA DR.	33 STREET ADDRESS	21583 Villa Nova Dr Boca Raton Fl.
CITY-ST-ZIP	BOCA RATON FL 33433	34 CITY-ST-ZIP	
TITLE	Pres. Carlos Latapie	41 TITLE	Sec'y D ☒ Change ☒ Addition
NAME		42 NAME	Shirley Maglocco
STREET ADDRESS	Same as above	43 STREET ADDRESS	7947 Villa Nova Dr, Boca Raton Fl.
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	V.P Lorraine Gaudette	51 TITLE	P. DeBernardo ☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS	Same as above	53 STREET ADDRESS	7867 Villa Nova Dr S
CITY-ST-ZIP		54 CITY-ST-ZIP	Boca Raton, Fla. 33433
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

ENTERED BY DAV 2

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul DeBernardo 4/26/95 Trea.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #