

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90026 038 ****61.25

DOCUMENT # N96000006012

1. Entity Name
SOLIMAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
9559 COLLINS AVE.
MANAGEMENT OFFICE
SURFSIDE, FL 33154

Mailing Address
9559 COLLINS AVE.
MANAGEMENT OFFICE
SURFSIDE, FL 33154

50006863



2. Principal Place of Business

9559 Collins Avenue

Suite, Apt. #, etc.

Management Office

City & State

Surfside, Fl

Zip
33154

Country
USA

3. Mailing Address

9559 Collins Avenue

Suite, Apt. #, etc.

Management Office

City & State

Surfside, Fl

Zip
33154

Country
USA

01062005

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0822098

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLIMAR CONDO ASSOC. INC.
9559 COLLINS AVENUE
SURFSIDE, FL 33154

7. Name and Address of New Registered Agent

Name
Solimar Condo Assoc. Inc

Street Address (P.O. Box Number is Not Acceptable)
9559 Collins Avenue

City
Surfside

FL

Zip Code
33154

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
OJALVO, JOSE
9559 COLLINS AVENUE
SURFSIDE, FL 33154
☐ Delete
Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ERMER, JOHN
9559 COLLINS AVENUE #204
SURFSIDE, FL 33154
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MURPHEY, JOSEPH
9559 COLLINS AVENUE #1104
SURFSIDE, FL 33154
☒ Delete
Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LUKAC, JENNIE
9559 COLLINS AVENUE
SURFSIDE, FL 33154
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GODUR, PHILLIP
9559 COLLINS AVENUE
SURFSIDE, FL 33154
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FORTMAN, MARION
9559 COLLINS AVE.
SURFSIDE, FL 33154
☒ Delete
Change

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/Sec.
WAYNE RINEHART
9559 Collins Avenue, #202
Surfside, Fl. 33154
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Ojalvo, Jose
9559 Collins Avenue, #1002
Surfside, Fl. 33154
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Portman, Marion
9559 Collins Avenue, #509
Surfside, Fl. 33154
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Murphy, Joseph
9559 Collins Avenue, #1104
Surfside, Fl. 33154
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Kravitz, Mark
9559 Collins Avenue #710
Surfside, FL 33154
☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marion Portman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-866-0595

Daytime Phone #