2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 08:00 A
Secretary of State

DOCUMENT # N96000006012

1. Entity Name
SOLIMAR CONDOMINIUM ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

03142007 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	OJALVO, JOSE
STREET ADDRESS	9559 COLLINS AVENUE #1002
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	T
NAME	OJALVO, JOSE
STREET ADDRESS	9559 COLLINS AVE #1002
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	P
NAME	PORTMAN, MARION
STREET ADDRESS	9595 COLLINS AVE #509
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	S
NAME	GODUR, PHILIP
STREET ADDRESS	9559 COLLINS AVE #305
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	D
NAME	ZAVULUNOV, EDUARD
STREET ADDRESS	9559 COLLINS AVE #310
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	D
NAME	HAMBURGER, PAUL
STREET ADDRESS	9595 COLLINS AVENUE # 1005
CITY-ST-ZIP	SURFSIDE, FL 33154

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05/31/07-80020-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JOSE OJALVO Jose Ojalvo VP 5/14/07 305 866-0525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #