2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** 

## DOCUMENT # N9600006012

SOLIMAR CONDOMINIUM ASSOCIATION, INC.

	Allon, ino.	İsi
sainal Disea of Business	Mailine Address	 

2875 N.E. 191ST STREET SUITE 404 NORTH MIAMI BEACH FL 33180

2875 N.E. 191ST STREET SUITE 404

NORTH MIAMI BEACH FL 33180

955	19 Collins Ave. 9559 Collins Ave.		E.					
Suite, Apt		Suite, Apt. #, etc.  HANAGEMEN		·	CHECK HERE IF MAKING CHANGES			
City & Stat		City & State SURF S10	e FL	4. FEI Number	55-0822098	<del></del>	plied For Applicable	
Zip <b>3</b> 3	154 USA	33 <b>15</b> 4	Coduntry A	5. Certificate of S	Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
REINHAR	D, SANEORD N	Name	OCIMAR dress (PO, Box Number is		SOC.	Tuc.		
2875 N.E. 191ST STREET				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 404							ſ	
NORTH MIAMI BEACH FL 33180				City FL 39%54				
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or r	egistered agent, or both, in	n the State of Florida. I am	n familiar with, a	and accept	
	tions of registered agent.		nie Lu			• "	,	
	<u> </u>	1/	5 - 1	1.	7 1	<b>-</b>		
SIGNATURE	( promoter	Kac j	<u>residev</u>	<u>17</u>	1-1	7-03		
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signature	e required when reinstating)	DATE		:	
						<u> </u>		
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing \$5.00 May Be  Make Check Payable to						to		
After Sept	tember 10, 2003, min will be \$2	36.25 Trust Fund Cor	ntribution.	Added to Fees	Florida Depa			
÷10.	OFFICERS AND DIR		11.	ADDITIONS/CHANG	GES TO OFFICERS AND D	IRECTORS IN	10	
TITLE	D	Delete	TITLE	Ten- nintun		Change	☐ Addition	
NAME	COLTRANE, S		NAME .	JOSE Opalvo	du-			
STREET ADDRESS	9595 COLLINS AVE		STREET ADDRESS	9559 Collins	Tre			
CITY-ST-ZIP	SURFSIDE FL 33154		CITY-ST-ZIP	SULFSIDE 1	FL 33154			
TITLE	D	Delete	TITLE	D		Change	☐ Addition	
NAME	GARCIA, M		NAME 2	WAYNE KINE,	uart		}	
STREET ADDRESS	9595 COLLINS AVE		STREET ADDRESS	7595 Collin	S AVE .		j	
CITY-ST-ZIP	SURFSIDE FL 33154		CITY-ST-ZIP	SURFSIDE.	FL 33/5/			
TITLE	D	- Uelete	TITLE	D		☐ Change	☐ Addition	
NAME	GOLDLIST, B		NAME ;	Joel Weine	رسري		}	
STREET ADDRESS	9595 COLLINS AVE		STREET ADDRESS	9559 Collins	AUE ONE	.1		
CITY-ST-ZIP	SURFSIDE FL 33154		CITY-ST-ZIP	SULFSINE	FU 33159	<u></u>		
TITLE	Fennie Lukac 9559 Collins Aug Sulfside, FL 3	☐ Delete	TITLE	D	,	Change	Addition	
NAME	Jennie Lukac	,	NAME	Marion POR	etmaw			
STREET ADDRESS	9559 Collins AU	<u> </u>	STREET ADDRESS	9595 collin	AVE		ļ	
CITY-ST-ZIP	SURFSIDE FL 3	3154	CITY-ST-ZIP	SURFSIDE,	I 33/C/			
TITLE	IVF	— Delete	TITLE	1-102		Change	☐ Addition	
NAME	Phillip GOOUR		NAME				ĺ	
STREET ADDRESS	Phillip GOOUR 9559 Collins Ave	<b>:</b>	STREET ADDRESS		•			
CITY-ST-ZIP	SURFSIDE EL 3	3154	CITY-ST-ZIP			<u> </u>		
TITLE	5	• Delete	TITLE	<del></del> -		☐ Change	☐ Addition }	
NAME	CAROLYN S. LE	NIN	NAME					
STREET ADDRESS	9559 Collins AVE		STREET ADDRESS				Ì	
CITY OF TIP	/. \		OUTY OF TIP					

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. rida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE

**FILED** Aug 04, 2003 8:00 am Secretary of State

08-04-2003 90138 012 \*\*\*\*61.25