FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

Mailing Address

SEASHORE CLUB SOUTH MOTEL CONDOMINIUM ASSOCIATIO N, INC.

FILED Jan 27 1998 8:00am Secretary of State

3.	Date Incorporated or Qualified		

18975 COLLINS MIAMI BCH FL		275 FONTAINE BLEAY BLVD. 200			3. Date Incorporated or Qualified				
		MIAMI FL 33172			04/25/1979				
		us			4. FEI Number Applied For				
					52-1147736 Not Applicable				
2. Principal Pl	ace of Business	2a. Mailing Address 26			5. Certificate of Status Desired				
Suite, Apt. #, etc. Suite, Apt.			tc.		6. Election Campaign Financing \$5.00 May Be				
22		27			Trust Fund Contribution Added to Fees				
City & State)	City & State			7. Is this nonprofit corporation a homeowners association?				
23		28			☐ Yes ☐ No				
Zlp	Country	Zip	Coun	try	8. This corporation owes or has paid the current year Intangible				
24	25	29 3	6		Personal Property Tax due June 30. Yes No				
	9. Name and Address of Current		<u>*</u>		10. Name and Address of New Registered Agent				
				1 Nan					
0504-0	a DOLLAWOFF		_	_					
	& POLIAKOFF		8	2 Street Address (P.O. Box Number is Not Acceptable)					
	JE LAGOON DRIVE		<u> </u>						
#250			8	3					
miami fl	. 33126		-	4 City	85 Zip Code				
			1	1	FL ' '				
11. Pursuant t	o the provisions of Sections 617,0502	and 617.1508, Florida Statutes	the abo	ve-nam	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered				
office or re	egistered agent, or both, in the State of	f Florida. Such change was aut	thorized	by the c	orporation's board of directors. I hereby accept the appointment as registered				
	II laminal with, and accept the obligat	ions of, Section 6 (7.0003, 1 lone	ua Glalui	.00.					
SIGNATURE _	Signature, typed or printed name of registered agent	and this if continuits (NOTE: I	Panlatarad 4	acet eleen	ture required when reinstating) DATE				
12.	OFFICERS AND		13.	deur eidus	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	VP CHICERS AND	DELETE	1.1 TITU	_	Change Addition				
1	- : :	DELETE			Citatige El Accinique				
NAME	SIGLER, JOSE		1,2 NAM						
STREET ADDRESS	18975 COLLINS AVE., #A201		1.3 STRE	ET ADDRES	\$				
CITY-ST-ZIP	MIAMI BCH FL		1.4 CITY	-ST-ZIP	<u> </u>				
TITLE	D	DELETE	2.1 TITL		D Change ☐ Addition				
NAME	GREEN, JOHN E.		2.2 NAM	E	RAIDH CARAUCI BIRTS CALIDE Ave. # 18308				
STREET ADDRESS	18260 N. BAY ROAD, #512		23 STR	ET ADDRES	s 1995 Callins Dire. # 1308				
	MIAMI BCH FL				Miami Beach FL. 33160				
CITY-ST-ZIP TITLE	p	DELETE	3,1 TITLE	'-81'-ZIP	Change Addition				
1	·	Decere			Ti custile Ti vocatori				
NAME	CARANCI, LOUIS E		3,2 NAM						
STREET ADDRESS	18975 COLLINS AVE., #B208		3.3 STR	ET ADDRES	\$				
CITY-ST-ZIP	MIAMI BCH FL		3.4. CITY	-ST-ZIP					
TITLE	T	DELETE	4.1 TITLE	·	Change Addition				
NAME	LEVESQUE, ROBERT	•	4. 2 NAM	IE					
STREET ADDRESS	523 CHAMBERLAIN		4.3 STRE	ET ADDRES	s				
CITY-ST-ZIP	BOISBRIAND QU		4.4 CITY	-ST-7IP					
TITLE	S	DELETE	5.1 TITLE		Change Addition				
NAME	-		5.2 NAM						
	DESTEFANO, RALPH								
STREET ADDRESS	523 BENNINGTON STREET			ET ADDRES	s				
CITY-ST-ZIP	EAST BOSTON MA	· · · · · · · · · · · · · · · · · · ·	5.4 CITY						
TITLE	D	DELETE	6.1 TITLE		Change Addition				
NAME	TURCOTTE, EDMOND		6.2 NAM	E	stephen Invarone				
STREET ADDRESS	674 RANG-FLEVRY	•	6.3 STRE	ET ADDRES	s 16423 S.W. ') Street				
CITY-ST-ZIP	ST. BERNARD SUD QU		6,4 CMY		Pembroke Aues, FL. 33023				
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information									
14. 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 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 of 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.									
οπicer or o	airector of the corporation of the receiver Block 13 if changed, or on an attach	ver or trustee empowered to ex- ment with an address.	ecute thi	s report	as required by Chapter 617, Florida Statutes; and that my name appears in				
SIGNATURE: XXSIGNA (LWE.REOL) RED 1/4/9X									