## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham 
Secretary of State

DIVISION OF CORPORATIONS

1996

## DOCUMENT # N950000 3286

SEACOAST 5151 CONDOMINIUM ASSOC. INC.

FILED May 23 1996 8:00 am Secretary of State

-U5/23/36--U1U56--U11 \*\*\*81.25

Principal Place of Business Mailing Address					<b>***</b> 61.25		
Tribipar Flade C	g						
	5151 COLLINS AVENUE						
	MIAMI BEACH, FL. 33140				3. Date Incorporated or Qualified 3a. Date of Last Report July 11, 1995		
Principal Place of Business     2a. Mailing Address					4. FEI Number		Applied For
21	same 26			650630810 Not Applicable			
Suite, Apt. #, etc Suite, Apt. #, etc.					5. Certificate of Status Desired Service Servi		
22 City & State	City & State				6. Election Campaign Financing	\$5.	<b>00</b> May Be
23	28				Trust Fund Contribution		ded to Fees
Zip	Country Zip	·	ountry	•	8. This corporation has liability for in	ntang b'e tax und Yes 🔣 No	ler s. 199.032,
<b>&amp;</b> 4	25 29	30			Florida Statutes L  10. Name and Address of New Reg		
	9. Name and Address of Current Registered Agent		81	Name	10. Hame and Abdress of Now Fig.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ı	DAVID SHEAR, P.A.		82		No. 2	1-1	
	FIELDSTONE LESTER &SHEAR			Street At	ddress (P.O. Box Number is Not Acceptab	16)	
	200 S. BISCAYNE BLVD.	.10	83				
	SUITE#2100		84	City		85	Zip Code
	MTSMT OT 22141		1	' '		FL	•
11. Pursuant to	the provisions of Sections 617 0502 and 617 1508. Flori gistered agent, a both in the fixate of Florida Such char lamiliar with and accept his biggations of, Section 617	da Statules, the	abov	e-named c	orporation submits this statement for the p	urpose of chang	ing its registered as registered
office or reg agent. I am	gistered agent, of both, in the brate of Floridal Such Char Tamiliar with, and accept the bligations of, Section 617	'.0503, Florida Si	tatute	y trie corpo s.	mation's board of directors. Thereby deep	1 11	
فأنثاثنا السويري ويسواف	/ / / / / / / / /	SNKAR				126/96	
	grature typed or printed name of registered agent and tide if applicable OFFICERS AND DIRECTORS	(NOTE Registe		ert signature re	gured when reinstaling) ADDITIONS/CHANGES TO OFFIC	FRS AND DIREC	CTORS IN 12
12.			TITLE		President and	ivector Cha	nge Additio
NAME	President		NAME		Felipe Paraud	1.00101	
STREET ADDRESS	Maura Landers 5151 Collins Ave.	7e -		1 ADDRESS	5151 Collins Ave.		
CITY-ST-ZIP	Miami Beach, FL. 33140	1.4	CITY -	ST-ZIP	Miami Beach, FL.	33140	
TITLE	Vice President and Dire	11-11-11- <b>1</b> 2 1	TITLE			Cha	inge Additio
NAME	Michele Clawson	25	NAME				
STREET ADORESS	5151 Collins Ave.		STREE	1 ADDRESS			
CI*Y-ST-ZIF	5151 Collins Ave. Miami Beach, Fl. 33140	2		ST-7IP		i i chi	ange Addit.o
TITLE	secretary and Directo	<b>~</b>	1 TITLE			F-1 011	go [] -100111
NAME	Matteo Bianchi		2 NAMÉ O OTDEC	T ADDRESS			
STREET ADDRESS	5151 Collins Ave.	3		ST-ZIP			
CITY+ST-7iP TITLE	Miami Beach, FL. 3314Ω		1 TITLE	U1 ZH		Ch	angeAdditio
NAME	Treasurer	: 4	2 NAME				
STREET ADDRESS	Matteo Bianchi 5151 Collins Ave.	4.	a stree	T ADDRESS			
CITY - ST - ZIP				ST - ZIP		1 12	Tabus
TITLE	Miami Beach, FL. 33140		1 TITLE	į.		Ch	ange Additi
NAME			2 NAME				
STREET ADDRESS				1 ADDRESS			
CITY+ST+ZIP			*****	ST-ZIP		Ch	ange   Additi
1114.6			1 TITLE 2 NAME	1		ے ۔	- 225
NAME		1		ET ADDRESS		Ų.	1-62 (
STREET ADDRESS				ST-ZIP		1	410
City-St-ZiP	y certify that the information supplied with this filing is vo	oluntarily furnishe	ed and	d does not	qualify for the exemption stated in Section	119.07(3)(k). Flo	orida Statutes I

4. 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)(k). Florida Statutes I further certify that the information indicated on this annual report or supplied enter report is true and accurate and that my signature shall have the same legal effect as if made under path, that I am an officer of 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 charged or erran all schement with an address.

SIGNATURE;

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

96 862-9100 Dayline Proce #