From :

PHONE No. : 305 670 9780

FILED
May 21 1998 8:00am
Secretary of State

FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name
N95000003286

SEACOAST 5151 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business / Mailing Address

SUITE #226
5151 Collins Avenue
Miami Beach, Florida 33140-2714

3. Date Incorporated or Qualified: 7/11/95

4. FEI Number: 65-0630810 — Applied For / Not Applicable

5. Principal Place of Business
21 Suite, Apt. #, etc.
22
23 City & State
24 Zip 25 Country

6. Mailing Address
26 SUITE #226
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $6.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
91 Name: IVAN GOODKIN
92 Street Address (P.O. Box Number is Not Acceptable): SUITE # 226
93 5151 Collins Avenue
94 City: MIAMI BEACH FL 95 Zip Code: 33140-2714

11. Pursuant to the provisions of Sections 617.0502 and 617.1500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503 Florida Statutes.

SIGNATURE: [signature] IVAN GOODKIN 1/11/98
Signature of person listed as registered agent in item 10 above — NOTE: Registered Agent signature required by law. — DATE

12. OFFICER AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE: PARAUD, FELIPE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition: VICE PRESIDENT/D; IVAN GOODKIN; 6151 Collins Avenue; #226; Miami Beach, Florida 33140-2714
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE: CLAWSON, MICHELE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition: ST/TD; MICHAEL J. CRIMI; 5151 Collins Avenue; #226; Miami Beach, Florida 33140-2714
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE: ZABEL, MIRIAM	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition: D; JEFFREY W. COHEN; 6151 Collins Avenue; #1020; Miami Beach, Florida 33140
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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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 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.

SIGNATURE: [signature] VP IVAN GOODKIN 1/11/98 (305) 865-0484
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #