


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90099 041 ****61.25

DOCUMENT # N95000003286 1. Entity Name SEACOAST 5151 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5151 COLLINS AVENUE MIAMI BEACH, FL 33140			Mailing Address 5151 COLLINS AVENUE MIAMI BEACH, FL 33140		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent CUEVAS & RUBIN, P.A. ANDREW CUEVAS, ESQ. 536 BILTMORE WAY CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEMNI, SIMON		NAME	NEMNI, SIMON	
STREET ADDRESS	5151 COLLINS AVE., APT. #226		STREET ADDRESS	5151 COLLINS AVE. APT. 226	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALBO, STEFANO		NAME	FALBO, STEFANO	
STREET ADDRESS	5161 COLLINS AVENUE - APT. 226		STREET ADDRESS	5161 COLLINS AVE. APT. 226	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PONS, OLIMPIA		NAME	RIGER, LINDA	
STREET ADDRESS	5161 COLLINS AVE. APT. #226		STREET ADDRESS	5161 COLLINS AVE. APT. 226	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIGUERAS, LOUIS		NAME	CONN, ROBERTA	
STREET ADDRESS	5151 COLLINS AVE., APT. #226		STREET ADDRESS	5151 COLLINS AVE. APT. 226	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	MIAMI BEACH FL. 33140	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARY, WILLIAM		NAME	CARY, WILLIAM	
STREET ADDRESS	5161 COLLINS AVE., APT. #226		STREET ADDRESS	5161 COLLINS AVE. APT. 226	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL. 33140	
TITLE	T	<input type="checkbox"/> Delete	TITLE	TR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, LISSETTE		NAME	TORRES LISSETTE	
STREET ADDRESS	5151 COLLINS AVE., APT. #226		STREET ADDRESS	5151 COLLINS AVE. APT. 226	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL. 33140	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40032032



01092006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0630810
Applied For
Not Applicable

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