

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 740466

**Entity Name:** SHORELAND ESTATES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3501-3561 NE 171 ST  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

C/O PMI TOP FLORIDA PROPERTIES  
1031 IVES DAIRY ROAD BUILDING 4, SUITE 228  
MIAMI, FL 33179 US

**FEI Number:** 59-2077007

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FIEBELKORN, BRAM  
C/O PMI TOP FLORIDA PROPERTIES  
1031 IVES DAIRY ROAD BUILDING 4, SUITE 228  
MIAMI, FL 33179 US

*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.*

**SIGNATURE:** BRAM FIEBELKORN

01/24/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name DALCOMUNE, LUIS  
Address C/O PMI TOP FLORIDA PROPERTIES  
1031 IVES DAIRY ROAD BUILDING 4,  
SUITE 228  
City-State-Zip: MIAMI FL 33179

Title PRESIDENT  
Name FRIEDMAN, RHODA  
Address C/O PMI TOP FLORIDA PROPERTIES  
1031 IVES DAIRY ROAD BUILDING 4,  
SUITE 228  
City-State-Zip: MIAMI FL 33179

Title TREASURER  
Name FIEBELKORN, BRAM  
Address C/O PMI TOP FLORIDA PROPERTIES  
1031 IVES DAIRY ROAD BUILDING 4,  
SUITE 228  
City-State-Zip: MIAMI FL 33179

Title SECRETARY  
Name HRISTOVA, IVAN  
Address C/O PMI TOP FLORIDA PROPERTIES  
1031 IVES DAIRY ROAD BUILDING 4,  
SUITE 228  
City-State-Zip: MIAMI FL 33179

Title DIRECTOR  
Name SOARES, DEMIAN  
Address C/O PMI TOP FLORIDA PROPERTIES  
1031 IVES DAIRY ROAD BUILDING 4,  
SUITE 228  
City-State-Zip: MIAMI FL 33179

Title DIRECTOR  
Name LUBOMIR, NIKOLOV  
Address C/O PMI TOP FLORIDA PROPERTIES  
1031 IVES DAIRY ROAD BUILDING 4,  
SUITE 228  
City-State-Zip: MIAMI FL 33179

Title DIRECTOR  
Name MONELLA, LILLIAN V  
Address C/O PMI TOP FLORIDA PROPERTIES  
1031 IVES DAIRY ROAD BUILDING 4,  
SUITE 228  
City-State-Zip: MIAMI FL 33179

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FIEBELKORN , BRAM

**TREASURER**

01/24/2024

