

2019 FLORIDA NOT FOR PROFIT CORPORATION 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:**12955 BISCAYNE BLVD
SUITE 314A
NORTH MIAMI, FL 33181 US**FEI Number:** 59-2077007**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIVAN, ORI
3549 NE 171 ST
NORTH MIAMI BEACH, FL 33160 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:** ORI SIVAN

02/11/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name DALCOMUNE, LUIS
Address 3521 NE 171 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title TREASURER
Name JIMENEZ, JOANNA
Address 3505 NE 171 ST
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title VP
Name HARVEY, FRIEDMAN
Address 3533 NW 171 ST.
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title DIRECTOR
Name JIN SHI, WEN
Address 3549 171ST STREET
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title D
Name AN, TAO
Address 3513 NE 171 ST.
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title PRESIDENT
Name SIVAN, ORI
Address 3545 NE 171 ST
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title SECRETARY
Name HRISTOVA, SVETLANA
Address 3501 171ST STREET
City-State-Zip: NORTH MIAMI BEACH FL 33160

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: ORI SIVAN

PRESIDENT

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date