## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 740466** 

Entity Name: SHORELAND ESTATES CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 14, 2023
Secretary of State
4504488053CC

## **Current Principal Place of Business:**

3501-3561 NE 171 ST

NORTH MIAMI BEACH, FL 33160

## **Current Mailing Address:**

3479 NE 163RD STREET P.O.BOX 127

NORTH MIAMI BEACH, FL 33160 US

FEI Number: 59-2077007 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

FIEBELKORN, BRAM 3513 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: BRAM FIEBELKORN 04/14/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

NameDALCOMUNE, LUISNameSOARES, DEMIANAddress3521 NE 171 STREETAddress3545 NE 171 ST.

City-State-Zip: NORTH MIAMI BEACH FL 33160 City-State-Zip: NORTH MIAMI BEACH FL 33160

Title SECRETARY Title DIRECTOR

Name NIKOLOV, LYOUBOMIR N Name FRIEDMAN, RHODA

Address 3541 NE 171ST STREET Address 3533 NE 171ST STREET

City-State-Zip: NORTH MIAMI BEACH FL 33160 City-State-Zip: NORTH MIAMI BEACH FL 33160

Title VP Title TREASURER

NamePERETZ, AVISHAINameFIEBELKORN, BRAMAddress3537 NE 171ST STREETAddress3513 NE 171ST STREETCity-State-Zip:NORTH MIAMI FL 33160City-State-Zip:NORTH MIAMI FL 33160

Title DIRECTOR

Name MONELLA, LILLIAN V
Address 3509 NE 171ST STREET
City-State-Zip: NORTH MIAMI 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: BRAM FIEBELKORN TREASURER 04/14/2023

Electronic Signature of Signing Officer/Director Detail

Date