

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002127

**Entity Name:** SIAN OCEAN RESIDENCES CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 05, 2019**  
**Secretary of State**  
**7723943698CC**

**Current Principal Place of Business:**

4001 SOUTH OCEAN DRIVE  
MANAGEMENT OFFICE  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

4001 SOUTH OCEAN DRIVE  
MANAGEMENT OFFICE  
HOLLYWOOD, FL 33019

**FEI Number: 20-4407121**

**Certificate of Status Desired: No**

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

SKRLD, INC.  
201 ALHAMBRA CIRCLE, ELEVENTH FLOOR  
CORAL GABLES, FL 33134 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: GARY MARS, ESQ.**

**02/05/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HOBERMAN, PABLO PRES  
Address 4001 SOUTH OCEAN DRIVE  
City-State-Zip: HOLLYWOOD FL 33019

Title VP  
Name VERNIK, DANIEL  
Address 4001 SOUTH OCEAN DRIVE  
City-State-Zip: HOLLYWOOD FL 33019

Title TREASURER  
Name QUIRK, JEANNE  
Address 4001 S OCEAN DRIVE  
City-State-Zip: HOLLYWOOD FL 33019

Title SECRETARY  
Name DURSI, NORBERTO  
Address 4001 S OCEAN DRIVE  
City-State-Zip: HOLLYWOOD FL 33019

Title DIRECTOR  
Name PLANA, HECTOR  
Address 4001 SOUTH OCEAN DRIVE  
MANAGEMENT OFFICE  
City-State-Zip: HOLLYWOOD FL 33019

*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: HOBERMAN , PABLO PRES**

**PRESIDENT**

**02/05/2019**

Electronic Signature of Signing Officer/Director Detail

Date