

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002127

Entity Name: SIAN OCEAN RESIDENCES CONDOMINIUM ASSOCIATION, INC.**FILED**
Apr 04, 2018
Secretary of State
CC3404580067**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:**SIEGFRIED, RIVERA, HYMAN, LERNER, DE LA TORRE, MARS & SOBEL, P.A.
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****04/04/2018**

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: PABLO HOBERMAN**PRESIDENT****04/04/2018**

Electronic Signature of Signing Officer/Director Detail

Date