

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

DOCUMENT# N06000002127

**Entity Name:** SIAN OCEAN RESIDENCES CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Mar 15, 2024**  
**Secretary of State**  
**1830140491CC****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.**03/15/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR
Name	KIRILYUK, KIRILL
Address	4001 SOUTH OCEAN DRIVE
City-State-Zip:	HOLLYWOOD FL 33019

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

Title	VP
Name	SEMAND, VITALIY
Address	4001 S OCEAN DRIVE
City-State-Zip:	HOLLYWOOD FL 33019

Title	PRESIDENT
Name	ABRAHAM, OLGA
Address	4001 SOUTH OCEAN DRIVE
City-State-Zip:	HOLLYWOOD FL 33019

Title	TREASURER
Name	VASWANI, KRISHA
Address	4001 SOUTH OCEAN DRIVE
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:** KIRILL KIRILYUK**DIRECTOR****03/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date