

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003286

Entity Name: SEACOAST 5151 CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5151 COLLINS AVENUE
226
MIAMI BEACH, FL 33140**Current Mailing Address:**5151 COLLINS AVENUE
226
MIAMI BEACH, FL 33140**FEI Number:** 65-0630810**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC.
201 ALHAMBRA CIRCLE, STE. 1102
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	NEMNI, SIMON
Address	5151 COLLINS AVE., APT. #226
City-State-Zip:	MIAMI BEACH FL 33140

Title	VP
Name	STEFANO, FALBO
Address	5151 COLLINS AVENUE - APT. 226
City-State-Zip:	MIAMI BEACH FL 33140

Title	T
Name	FIGUERAS, OLGA
Address	5151 COLLINS AVE. APT. #226
City-State-Zip:	MIAMI BEACH FL 33140

Title	S
Name	SMITH, BRAD C
Address	5151 COLLINS AVENUE 226
City-State-Zip:	MIAMI BEACH FL 33140

Title	D
Name	DE MARTINO, RALPH
Address	5151 COLLINS AVE., APT. #226
City-State-Zip:	MIAMI BEACH FL 33140

Title	D
Name	VERITE, JORDI
Address	5151 COLLINS AVENUE 226
City-State-Zip:	MIAMI BEACH FL 33140

Title	DIRECTOR
Name	CANO, ERNESTO
Address	5151 COLLINS AVENUE 226
City-State-Zip:	MIAMI BEACH FL 33140

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: OLGA FIGUERAS**TREASURER****03/28/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date