

2013 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 CARY, WILLIAM H
Address 5151 COLLINS AVENUE
226
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR
Name PETERS, KLAUS
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: SIMON NEMNI

P

04/19/2013

Electronic Signature of Signing Officer/Director Detail

Date