

2021 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 US**FEI Number: 65-0630810****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BLAXBERG, GRAYSON, KUKOFF AND FORTEZA, P.A
25 SE 2ND AVENYUE SUITE 730
MIAMI, FL 33131 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 | FALBO, STEFANO |
| Address | 5151 COLLINS AVE., APT. #226 |
| City-State-Zip: | MIAMI BEACH FL 33140 |

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|-----------------|--------------------------------|
| Title | DIRECTOR |
| Name | VINELLI, FERNANDO |
| Address | 5151 COLLINS AVENUE - APT. 226 |
| City-State-Zip: | MIAMI BEACH FL 33140 |

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

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|-----------------|----------------------------|
| Title | SECRETARY |
| Name | LAMBRECHTS, MARIA CAROLINA |
| Address | 5151 COLLINS AVENUE 226 |
| City-State-Zip: | MIAMI BEACH FL 33140 |

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

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|-----------------|----------------------------|
| Title | DIRECTOR |
| Name | SCHULLMAN, GARY J |
| 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 M. FIGUERAS**TREASURER****03/18/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date