2018 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		Title	VP
Name	FALBO, STEFANO		Name	VERITE, JORDI
Address	5151 COLLINS AVE., APT. #226		Address	5151 COLLINS AVENUE - APT. 226
City-State-Zip:	MIAMI BEACH FL 33140		City-State-Zip:	MIAMI BEACH FL 33140
Title	T		Title	S
Name	FIGUERAS, OLGA		Name	SMITH, BRAD C
Address	5151 COLLINS AVE. APT. #226		Address	5151 COLLINS AVENUE 226
City-State-Zip:	MIAMI BEACH FL 33140		City-State-Zip:	MIAMI BEACH FL 33140
Title	D		Title	D
Name	DE MARTINO, RALPH		Name	LAMBRECHTS, MARIA CAROLINA
Address	5151 COLLINS AVE., APT. #226		Address	5151 COLLINS AVENUE 226
City-State-Zip:	MIAMI BEACH FL 33140		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   04/30/2018

Electronic Signature of Signing Officer/Director Detail   Date