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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717315 (6)

1. Corporation Name

SEACOAST CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
C/O WOODS MGT. 2740 WEST 5TH AVE. HIALEAH FL 33010	C/O WOODS MGT. 2740 WEST 5TH AVE. HIALEAH FL 33010-1307

3. Date Incorporated or Qualified: 10/06/1969
3a. Date of Last Report: 02/20/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1763749 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCHENK, HAROLD
WOODS MANAGEMENT CORPORATION OF FLORIDA
2740 WEST 5 AVE.
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Osmara Fernandez 1/9/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SWIFT, DOLORES		1.2 NAME	
STREET ADDRESS	8217 ABBOTT AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHUBATY, WALTER		2.2 NAME	
STREET ADDRESS	8215 ALBOTT AVE., #4A		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, OSMARA		3.2 NAME	
STREET ADDRESS	2460 SW 102 CT.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, CESAR		4.2 NAME	
STREET ADDRESS	8217 ABBOTT AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DELA VEGA, OSCAR		5.2 NAME	
STREET ADDRESS	8217 ABBOTT AVE., #5		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, ARTURO		6.2 NAME	
STREET ADDRESS	8217 ABBOTT AVE., #3		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Osmara Fernandez REQUIRED 1/5/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0022730