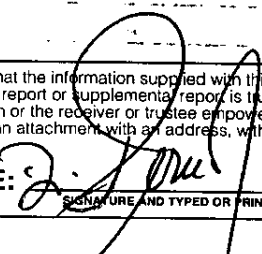


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90428 040 ****61.25

DOCUMENT # 717315 1. Entity Name SEACOAST CONDOMINIUM, INC.					
Principal Place of Business C/O WOODS MGT. 2740 WEST 5TH AVE. HIALEAH, FL 33010			Mailing Address C/O WOODS MGT. 2740 WEST 5TH AVE. HIALEAH, FL 33010		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1763749	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DELGADO, JOAQUIN R WOODS MANAGEMENT CORPORATION OF FLORIDA 2740 WEST 5 AVE. HIALEAH, FL 33010			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing ☐ Trust Fund Contribution.		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	P	☐ Change ☒ Addition
NAME	PERES, ANDRE		NAME	Neftaili Pernas	
STREET ADDRESS	8217 ABBOTT AVE APT 9		STREET ADDRESS	8217 Abbott Avenue #4	
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	STD	☒ Delete	TITLE	DST	☐ Change ☒ Addition
NAME	FERNANDEZ, OSMARA		NAME	Ernesto Gonzalez	
STREET ADDRESS	2400 SW 102ND COURT		STREET ADDRESS	8217 Abbott Avenue #6	
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	D	☒ Delete	TITLE	DVP	☐ Change ☒ Addition
NAME	GONZALEZ, CESAR		NAME	Luisa Rodriguez	
STREET ADDRESS	8217 ABBOTT AVENUE, APT 10		STREET ADDRESS	8217 Abbott Avenue #1, Miami Beach, FL	
CITY-ST-ZIP	MIAMI BEACH, FL		CITY-ST-ZIP	33141	
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	Maria Lemus	
STREET ADDRESS			STREET ADDRESS	8217 Abbott Avenue #1, Miami Beach, FL	
CITY-ST-ZIP			CITY-ST-ZIP	33141	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date	
				Daytime Phone #	