


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 717315 1. Entity Name SEACOAST CONDOMINIUM, INC.	
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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
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01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1763749	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DELGADO, JOAQUIN R
WOODS MANAGEMENT CORPORATION OF FLORIDA
2740 WEST 5 AVE.
HIALEAH, FL 33010

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERNAS, NEFTALI 8217 ABBOTT AVENUE #4 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GONZALEZ, ERNESTO 8217 ABBOTT AVENUE #6 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RODRIGUEZ, LUISA 8217 ABBOTT AVENUE # 1 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMUS, MARIA 8217 ABBOTT AVENUE # 1 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PINO, MARIA C 8215 ABBOTT AVE 1A MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/29/08-80082-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1/22/2008 205-629-5697
Date Daytime Phone #