2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# 717315

Entity Name: SEACOAST CONDOMINIUM, INC.

Current Principal Place of Business:

C/O WOODS MGT.
2740 WEST 5TH AVE.
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

C/O WOODS MGT.
2740 WEST 5TH AVE.
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 59-1763749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PERNAS, NEFTAILI
Address: 8217 ABBOTT AVENUE #4
City-St-Zip: MIAMI BEACH, FL 33141

Title: DST ( ) Delete
Name: GONZALEZ, ERNESTO
Address: 8217 ABBOTT AVENUE #6
City-St-Zip: MIAMI, FL 33165

Title: DVP ( ) Delete
Name: RODRIGUEZ, LUISA
Address: 8217 ABBOTT AVENUE # 1
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete
Name: LEMUS, MARIA
Address: 8217 ABBOTT AVENUE # 1
City-St-Zip: MIAMI BEACH, FL 33141

Title: TD ( ) Delete
Name: PINO, MARIA C
Address: 8215 ABBOTT AVE 1A
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOAQUIN R. DELGADO RA 04/01/2009

Electronic Signature of Signing Officer or Director — Date