

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
May 14 1996 8:00 am  
Secretary of State

**DOCUMENT # N95000000008 (1)**

1. Corporation Name  
**SEACOAST 5700 CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**5700 COLLINS AVENUE MIAMI BEACH FL 33140**



3. Date Incorporated or Qualified **01/03/1995** 3a. Date of Last Report

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>65-0633587</b>	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SHEAR, DAVID C/O FIELDSTONE LESTER &amp; SHEAR 200 SO. BISCAYNE BLVD., SUITE 2100 MIAMI FL 33133</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>PD</b>
NAME	<b>LANDERS, MAURA</b>	1.2 NAME	<b>Felipe Paraud</b>
STREET ADDRESS	<b>5700 COLLINS AVENUE</b>	1.3 STREET ADDRESS	<b>5700 Collins Avenue</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	1.4 CITY-ST-ZIP	<b>Miami Beach, FL 33140</b>
TITLE	<b>VD</b>	2.1 TITLE	
NAME	<b>CLAWSON, MICHELE</b>	2.2 NAME	
STREET ADDRESS	<b>5700 COLLINS AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<b>SD</b>
NAME	<b>LISS, RICHARD</b>	3.2 NAME	<b>Matteo Bianchi</b>
STREET ADDRESS	<b>5700 COLLINS AVENUE</b>	3.3 STREET ADDRESS	<b>5700 Collins Avenue</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	3.4 CITY-ST-ZIP	<b>Miami Beach, Fla. 33140</b>
TITLE	<b>TD</b>	4.1 TITLE	
NAME	<b>LISS, RICHARD</b>	4.2 NAME	
STREET ADDRESS	<b>5700 COLLINS AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: Michele Clawson Vice President 4646 2867-9100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)