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FILED
Jan 29 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 # N95000000008 (1)
1. Corporation Name
SEACOAST 5700 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 5700 COLLINS AVENUE MIAMI BEACH FL 33140
Mailing Address: 5700 COLLINS AVENUE MIAMI BEACH FL 33140-2314

3. Date Incorporated or Qualified: 01/03/1995
3a. Date of Last Report: 05/14/1996
4. FEI Number: 65-0633587
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
SHEAR, DAVID
C/O FIELDSTONE LESTER & SHEAR
200 SO. BISCAYNE BLVD., SUITE 2100
MIAMI FL 33133

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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: _____ (NOTE: Registered Agent's signature required when re-instating)

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	PARAUD, FELIPE	STREET ADDRESS	5700 COLLINS AVENUE	CITY-ST-ZIP	MIAMI BEACH FL	<input type="checkbox"/> DELETE
TITLE	VD	NAME	CLAWSON, MICHELE	STREET ADDRESS	5700 COLLINS AVENUE	CITY-ST-ZIP	MIAMI BEACH FL 33140	<input type="checkbox"/> DELETE
TITLE	SD	NAME	BIANCHI, MATTEO	STREET ADDRESS	5700 COLLINS AVENUE	CITY-ST-ZIP	MIAMI BEACH FL	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michelle Clawson	
1.3 STREET ADDRESS	5151 Collins Avenue	
1.4 CITY-ST-ZIP	Miami Beach, Florida 33140	
2.1 TITLE	Vice President - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michael Aller	
2.3 STREET ADDRESS	5700 Collins Ave	
2.4 CITY-ST-ZIP	Miami Beach, FL 33140	
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, 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: _____ 1-14-97

CR2E037 (9/96)