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FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N9500000008 (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
01/03/1985

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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 Name Steve Siegfried

82 Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle # 1102

83 Coral Gables

84 City Florida FL 85 Zip Code 33134

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: *[Signature]* DATE: 03-13-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PARAUB, FELIPE	
STREET ADDRESS	5700 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ORAWSON, MICHELE	
STREET ADDRESS	5154 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, MICHAEL	
STREET ADDRESS	5700 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lewis Koster	
1.3 STREET ADDRESS	1290 AVENUE OF THE AMERICAS	
1.4 CITY-ST-ZIP	NYC, NY 10104	
2.1 TITLE	Vice President - O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CAWLE REISOR	
2.3 STREET ADDRESS	5100 COLLINS AVENUE, #165	
2.4 CITY-ST-ZIP	MIAMI BEACH, FLA. 33140	
3.1 TITLE	Vice President - O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Josephine Vineberg	
3.3 STREET ADDRESS	5100 COLLINS, #11-L	
3.4 CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33140	
4.1 TITLE	Alida Aroix - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	5700 COLLINS AVENUE #16L	
4.4 CITY-ST-ZIP	MIAMI BEACH, FLA. 33140	
5.1 TITLE	Juan Taboada - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	5700 COLLINS, 4A	
5.4 CITY-ST-ZIP	MIAMI BEACH, FLA. 33140	
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 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 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)