


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90035 048 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N95000000008		
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	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/03/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0633587
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SIEGFRIED, STEVE 201 ALHAMBRA CIRCLE #1102 MIAMI FL 33134		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RD <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASTER, KRIS	1.2 NAME	Josephine Vineberg
STREET ADDRESS	1290 AVENUE OF THE AMERICAS	1.3 STREET ADDRESS	5100 Collins Ave., 11-L
CITY-ST-ZIP	NEW YORK NY 10104	1.4 CITY-ST-ZIP	Miami Beach, Fla. 33140
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Juan Taboada - Vice Pres. Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, CAROLE	2.2 NAME	Juan Taboada
STREET ADDRESS	5700 COLLINS AVENUE #165	2.3 STREET ADDRESS	5100 Collins Avenue #4A
CITY-ST-ZIP	MIAMI BEACH FL 33140	2.4 CITY-ST-ZIP	Miami Beach, Fla. 33140
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINEBERG, JOSEPHINE	3.2 NAME	Kris Kaster
STREET ADDRESS	5700 COLLINS AVE #11-L	3.3 STREET ADDRESS	1290 Avenue of the Americas
CITY-ST-ZIP	MIAMI BEACH FL 33140	3.4 CITY-ST-ZIP	Nyc, NY 10104
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Vice President - Secty <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AROIX, ALEIDA	4.2 NAME	Aleida Aroix
STREET ADDRESS	5700 COLLINS AVENUE #16L	4.3 STREET ADDRESS	5100 Collins Ave., #16L
CITY-ST-ZIP	MIAMI BEACH FL 33140	4.4 CITY-ST-ZIP	Miami Beach, Fla. 33140
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TABOADA, JUAN	5.2 NAME	Sean Huxley
STREET ADDRESS	5700 COLLINS AVE	5.3 STREET ADDRESS	5100 Collins Avenue, #11-N
CITY-ST-ZIP	MIAMI BEACH FL 33140	5.4 CITY-ST-ZIP	Miami Beach, Florida
TITLE		6.1 TITLE	
NAME	<i>Josephine Vineberg</i>	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Josephine Vineberg* SIGNATURE REQUIRED _____
 _____ Date: 1/27/99 Daytime Phone #: 305.866.9974

CR2E037 (11/98)