


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

1082

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 NOV 16 AM 8:00

DOCUMENT # N95000000008			
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0633587		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  -MORALES, CARMEN M 5700 COLLINS AVENUE MIAMI FL 33161		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By September 9, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME P MORALES, CARMEN STREET ADDRESS 5700 COLLINS AVE., 7L CITY-ST-ZIP MIAMI BEACH FL 33140	<input type="checkbox"/> Delete SAME	TITLE NAME SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VP GAUTIER, RICHARD STREET ADDRESS 5700 COLLINS AVE 7B CITY-ST-ZIP MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Delete	TITLE NAME VP BEN-ZION, AMIR STREET ADDRESS 5700 Collins Ave - PHA CITY-ST-ZIP MIAMI BEACH FL 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME ZION, AMIR BEN STREET ADDRESS 5700 COLLINS AVE., PHA CITY-ST-ZIP MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Delete	TITLE NAME SECRETARY HELEN MITHEMAN STREET ADDRESS 5700 COLLINS AVE - 16F CITY-ST-ZIP MIAMI BEACH, FL 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D HERNANDE, SONIA STREET ADDRESS 5700 COLLINS AVE., 4E CITY-ST-ZIP MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Delete	TITLE NAME ASST. TREASURER BIAZ-RIZZI, MARCELO STREET ADDRESS 5700 COLLINS AVE - 2C CITY-ST-ZIP MIAMI BEACH - FL 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D YEDID, JOSEPH STREET ADDRESS 5700 COLLINS AVENUE 3F CITY-ST-ZIP MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Delete	TITLE NAME ASST. TREASURER JOSEPH VAVRUS STREET ADDRESS 5700 COLLINS AVE - 15A CITY-ST-ZIP MIAMI BEACH - FL 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Ely Ruiz Ramos for the BOB</i>		Date: 8/30/04 (305) 866-9651	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 11/30/04 -- 01056 -- 024 **70.00	

RECEIVED AUG 17 2004



November 10<sup>th</sup> 2004

To Whom It May Concern

Enclosed is a copy of the original check we had sent your office back on August 30<sup>th</sup> 2004. We had sent the paper work ahead. I called your office and spoke with someone and they informed me that I needed to send a new check, but that they would accept on time.

Please see what can be done in order to reinstate our certificate so that we are in good standing. Thank you in advance. Doc# NA5000000008

Yours truly,

A handwritten signature in cursive script that reads "Teresa Reinosa".  
Teresa Reinosa (secretary)