
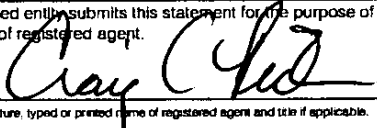
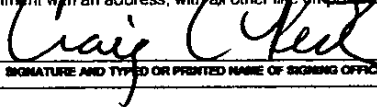


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90174 001 ****70.00

| | | | |
|---|--|--|---|
| 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 5700 COLLINS AVE | | 3. Mailing Address 5700 COLLINS AV | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State MIAMI BEACH FL | | City & State MIAMI BEACH FL | |
| Zip 33140 | | Country None | |
| Country None | | Country None | |
| 4. FEI Number 65-0630811 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MITTELMAN, HELEN M 5700 COLLINS AVENUE MIAMI, FL 33161 | | Name PECK CRAIG | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | 5700 COLLINS AVE UNIT # 7L | |
| | | City MIAMI BEACH FL | |
| | | Zip Code 33140 | |
| 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 4-12-6 | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 STREET ADDRESS CITY-ST-ZIP | P MITTELMAN, HELEN M 5700 COLLINS AVE., 18F MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PECK, CRAIG 5700 COLLINS AVE, 7L MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BEN-ZION, AMIR 5700 COLLINS AVE PHA MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HASON, MUHAMMAD 5700 COLLINS AVE, 3B MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ELBAZ, CLAUDE 5700 COLLINS AVE., 10L MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S VEGA, FRANCISCO 5700 COLLINS AV. 14M MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DIAZ-RIZZI, MARCELO 5700 COLLINS AVE., 3C MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WEIN ZWEIG, SANDY 5700 COLLINS AVE, 15D MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KINSBRUNER, JAY 5700 COLLINS AVENUE, 6A MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DIAZ RIZZI, MARCELO 5700 COLLINS AVE, 3C MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Change <input 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 exemptions contained in Chapter 119, 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 information. | | | |
| SIGNATURE:  | | DATE: 4-12-6 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |
| | | Daytime Phone # | |