2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 17, 2003 8:00 am
Secretary of State
02-28-2003 90139 016 ****61.25

DOCUMENT # N95000000008

1. Entity Name
SEACOAST 5700 CONDOMINIUM ASSOCIATION, INC.

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

☐ CHECK HERE IF MAKING CHANGES

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 ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOMEZ, MICHAEL 1930 TYLER STREET HOLLYWOOD FL 33020	Name: ALBERT KILLIGAN Street Address (P.O. Box Number is Not Acceptable): 5700 Collins Avenue City: Miami Beach FL Zip Code: 33161

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: [signature] Feb-21-2003

Signature of or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 LOPEZ, RAFAEL 5700 COLLINS AVE 6 G MIAMI BEACH FL 33140	☒ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	President Carmen Morales 5700 Collins Ave. 7L Miami Beach, FL 33140	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SANTAMARIA, RICHARD 5700 COLLINS AVE 7B MIAMI BEACH FL 33140	☒ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Richard Gautier	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS DIAZ-RIZZI, MARCELO 5700 COLLINS AVE 3C MIAMI BEACH FL 33140	☒ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Amir Ben Zion 5700 Collins Ave. PHA Miami Beach, FL 33140	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATS SCOPELLI, ALEJANDRO 5700 COLLINS AVE 8L MIAMI BEACH FL 33140	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sonia Hernandez 5700 Collins Ave. 4E Miami Beach, FL 33140	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YEDID, JOSEPH 5700 COLLINS AVENUE 3F MIAMI BEACH FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED Feb-21-2003 305-379-4221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #