

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 23 1996 8:00 am
Secretary of State

DOCUMENT # N95000003286
1. Corporation Name

SEACOAST 5151 CONDOMINIUM ASSOC. INC.

-05/23/96--01056--011
***61.25

Principal Place of Business Mailing Address
5151 COLLINS AVENUE
MIAMI BEACH, FL. 33140

3. Date Incorporated or Qualified July 11, 1995	3a. Date of Last Report
4. FEI Number 650630810	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 same	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**DAVID SHEAR, P.A.
FIELDSTONE LESTER & SHEAR
200 S. BISCAYNE BLVD.
SUITE#2100
MIAMI, FL. 33141**

10. Name and Address of New Registered Agent
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, if 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: *David Shear* **DAVID SHEAR** (NOTE: Registered Agent signature required when re-stating) DATE: **4/26/96**

12. OFFICERS AND DIRECTORS

TITLE	President <input checked="" type="checkbox"/> DELETE
NAME	Maura Landers
STREET ADDRESS	5151 Collins Ave.
CITY-ST-ZIP	Miami Beach, FL. 33140
TITLE	Vice President and Director <input type="checkbox"/> DELETE
NAME	Michele Clawson
STREET ADDRESS	5151 Collins Ave.
CITY-ST-ZIP	Miami Beach, FL. 33140
TITLE	Secretary and Director <input type="checkbox"/> DELETE
NAME	Matteo Bianchi
STREET ADDRESS	5151 Collins Ave.
CITY-ST-ZIP	Miami Beach, FL. 33140
TITLE	Treasurer <input type="checkbox"/> DELETE
NAME	Matteo Bianchi
STREET ADDRESS	5151 Collins Ave.
CITY-ST-ZIP	Miami Beach, FL. 33140
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Felipe Paraud
1.3 STREET ADDRESS	5151 Collins Ave.
1.4 CITY-ST-ZIP	Miami Beach, FL. 33140
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Michele Clawson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michele Clawson
Date: **4/26/96** (305) 867-9100
Daytime Phone #

CR2E037 (12/95)