2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State
03-15-2006 90099 041 ****61.25

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1. Entity Name
SEACOAST 5151 CONDOMINIUM ASSOCIATION, INC.

40032032

01092006 Chg-NP CR2E037 (11/05)

Principal Place of Business	Mailing Address
5151 COLLINS AVENUE MIAMI BEACH, FL 33140	5151 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 65-0630810 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CUEVAS & RUBIN, P.A.
ANDREW CUEVAS, ESQ.
536 BILTMORE WAY
CORAL GABLES, FL 33134

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

Filing Fee is $61.25
Due by May 1, 2006

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 NEMNI, SIMON 5151 COLLINS AVE., APT. #226 MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NEMNI, SIMON 5151 COLLINS AVE. APT. 226 MIAMI BEACH, FL. 33140	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FALBO, STEFANO 5161 COLLINS AVENUE - APT. 226 MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FALBO, STEFANO 5161 COLLINS AVE. APT. 226 MIAMI BEACH, FL. 33140	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PONS, OLIMPIA 5161 COLLINS AVE. APT. #226 MIAMI BEACH, FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC. RIGER, LINDA 5161 COLLINS AVE. APT. 226 MIAMI BEACH, FL. 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FIGUERAS, LOUIS 5151 COLLINS AVE., APT. #226 MIAMI BEACH, FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR COHN, ROBERTA 5151 COLLINS AVE. APT. 226 MIAMI BEACH FL. 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARY, WILLIAM 5161 COLLINS AVE., APT. #226 MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR. CARY, WILLIAM 5161 COLLINS AVE. APT. 226 MIAMI BEACH, FL. 33140	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TORRES, LISETTE 5151 COLLINS AVE., APT. #226 MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR. TORRES, LISSETTE 5151 COLLINS AVE. APT. 226 MIAMI BEACH, FL. 33140	☒ Change ☐ 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 empowered.

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