

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003286

FILED
Feb 22, 2012
Secretary of State

Entity Name: SEACOAST 5151 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5151 COLLINS AVENUE
226
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

5151 COLLINS AVENUE
226
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0630810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE, STE. 1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: NEMNI, SIMON
Address: 5151 COLLINS AVE., APT. #226
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP
Name: STEFANO, FALBO
Address: 5151 COLLINS AVENUE - APT. 226
City-St-Zip: MIAMI BEACH, FL 33140

Title: T
Name: FIGUERAS, OLGA
Address: 5151 COLLINS AVE. APT. #226
City-St-Zip: MIAMI BEACH, FL 33140

Title: S
Name: PONS, OLIMPIA
Address: 5151 COLLINS AVE., APT. #226
City-St-Zip: MIAMI BEACH, FL 33140

Title: D
Name: DE MARTINO, RALPH
Address: 5151 COLLINS AVE., APT. #226
City-St-Zip: MIAMI BEACH, FL 33140

Title: D
Name: SMITH, BRAD C
Address: 5151 COLLINS AVE., APT. #226
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: OLIMPIA PONS

SECR

02/22/2012

Electronic Signature of Signing Officer or Director

_____ Date