## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003286

Entity Name: SEACOAST 5151 CONDOMINIUM ASSOCIATION, INC.

FILED Apr 29, 2014 Secretary of State CC4225087240

## **Current Principal Place of Business:**

5151 COLLINS AVENUE

226

MIAMI BEACH, FL 33140

## **Current Mailing Address:**

5151 COLLINS AVENUE

226

MIAMI BEACH, FL 33140

FEI Number: 65-0630810 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SKRLD, INC.

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

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

Officer/Director Detail:

Title P Title VP

Name NEMNI, SIMON Name STEFANO, FALBO

Address 5151 COLLINS AVE., APT. #226 Address 5151 COLLINS AVENUE - APT. 226

City-State-Zip: MIAMI BEACH FL 33140 City-State-Zip: MIAMI BEACH FL 33140

Title T Title S

Name FIGUERAS, OLGA Name SMITH, BRAD C

Address 5151 COLLINS AVE. APT. #226 Address 5151 COLLINS AVENUE

City-State-Zip: MIAMI BEACH FL 33140

City-State-Zip: MIAMI BEACH FL 33140

Title

Title D

Name DE MARTINO, RALPH Name CARY, WILLIAM H

Address 5151 COLLINS AVE., APT. #226 Address 5151 COLLINS AVENUE

City-State-Zip: MIAMI BEACH FL 33140 226

City-State-Zip: MIAMI BEACH FL 33140
Title DIRECTOR

Name CANO, ERNESTO

Address 5151 COLLINS AVENUE

226

City-State-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: OLGA FIGUERAS TREASURER 04/29/2014