

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003286

Entity Name: SEACOAST 5151 CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 30, 2015
Secretary of State
CC3741476248

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

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

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

Title S
Name SMITH, BRAD C
Address 5151 COLLINS AVENUE
226
City-State-Zip: MIAMI BEACH FL 33140

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

Title D
Name CARY, WILLIAM H
Address 5151 COLLINS AVENUE
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

03/30/2015

Electronic Signature of Signing Officer/Director Detail

Date