

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathman
Secretary of State
Tallahassee, Florida 32399-0400

DOCUMENT # N93000003227 (6)
SHELBORNE OCEAN BEACH HOTEL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **1801 COLLINS AVE MIAMI BEACH FL 33139**
Mailing Address: **1801 COLLINS AVE MIAMI BEACH FL 33139**

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

9. Name and Address of Current Registered Agent
WASSERMAN, MARTIN W
999 WASHINGTON AVE
MIAMI BEACH FL 33139

FILED
SECRETARY OF STATE
CORPORATIONS
95 MAY - 1 PM 1:06

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **07/16/1993** 3a. Date of Last Report: **04/08/1994**
4. FEI Number: **65-0427809** Applied For: Not Applicable:
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SARDINAS, ALINA
STREET ADDRESS	999 WASHINGTON AVE
CITY, ST, ZIP	MIAMI BEACH FL 33139
TITLE	VD
NAME	WASSERMAN, MARTIN W
STREET ADDRESS	999 WASHINGTON AVE
CITY, ST, ZIP	MIAMI BEACH FL 33139
TITLE	STD
NAME	ALLEN, ALINA W
STREET ADDRESS	999 WASHINGTON AVE
CITY, ST, ZIP	MIAMI BEACH FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	E/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	WASSERMAN, MARTIN	
13 STREET ADDRESS	999 WASHINGTON AVE.	
14 CITY, ST, ZIP	MIAMI BEACH, FL 33139	
21 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ALLEN, ALINA	
23 STREET ADDRESS	999 WASHINGTON AVE.	
24 CITY, ST, ZIP	MIAMI BEACH, FL 33139	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	KRINZMAN, ALAN E.	
33 STREET ADDRESS	2601 S. BAYSHORE DR., #600	
34 CITY, ST, ZIP	MIAMI, FL 33133	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I 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)(b), 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 checked) on an attachment, if any, in addition.

SIGNATURE: *[Signature]* **March 31, 1995** (305) 791-4800
DATE: _____

REMITTED BY MAY 1