## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N93000003227 (6) DOCUMENT #

SHELBORNE OCEAN REACH HOTEL CONDOMINIUM ASSOCIAT

## **FILED** Jun 10 1997 8:00am Secretary of State

ION, INC.										
Principal Place of Business		Mailing Address						I BIŞIPŞILM 1816	1016 1404 1401	
1801 COLLINS AVE 1801 COLLINS AVE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-741			414				,			
						3. Date Incorporated or Qualified 07/16/1993		ate of Last R 04/18/199		
2. Principal Place of Business 2a. Mailing Address 21						4. FEI Number 65-0427809	<del></del>	Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re		1
City & State	ө	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		1
Zip 24	Country 25	Zip 29	Coul	ntry		8. This corporation has liability fo		tax under s.		1
	9. Name and Address of Curren		T			10. Name and Address of New R			•	1
81										1
DELWOOD MANAGEMENT CO., INC.				GR 82 Street	5	MANAGEMENT OF ss (P.O. Box Number is Not Accepta	BROU	DAED	INC	4
4431 SW 64TH AVENUE,				44 44	Addres	SW 64*K AVEN	() <b>E</b>			
SUITE 113				83]			<u>~</u>			1
DAVIE FL 33314					ITE	1/3		···		4
DAVIE !	2 000 17			84 City	AUIE	=	FL		Code 3314	
11. Pursuant t	to the provisions of Sections 617,050	2 and 617.1508, Florida Statu	ites, the ab	ove-named	corpo	ration submits this statement for the		f changing it	s registered	1
office or re	to the provisions of Sections 617,050, egistered agent, or both, in the State o <del>n fami</del> liar with, and accept the obliga	by the cor ites.	poratio	n's board of directors. I hereby acce	pt the app	ointment as	registered			
SIGNATURE	MAR	IA E	· B	ARRETO VIP	4	147 211				
BIGINATURE	Signature, typed or printed name of registered age					when reinstating)	DATE			╛.
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFF				] [
TITLE	PD	DELETE	1.1 101		PD			<b>K K</b> Change	Addition	Ş
NAME	EVELYN CASTILLO		1.2 NA			RCY AGUILA, JR.			_	2
STREET ADDRESS	1801 COLLINS AVENUE, APT.	521	1.3 STF	REET ADDRESS	180	1 COLLINS AVENU	E, AP	T. T1	1	Ĭ
CITY-ST-ZIP	MIAMI BEACH FL	T Driere		Y-ST-ZIP		MI BEACH, FL 33	139	1 0	Test en autonom	٦þ
TITLE	VPD	☐ DEL€TE	2.1 TIT		S/I	JART WEINSTRAUB		☐ Change	Addition	1
NAME	PERCY AGUILA, JR.	T44	2.2 NA			1 COLLINS AVENU	ta			
STREET ADDRESS	1801 COLLINS AVENUE, APT.	. 133		REET ADDRESS						
CITY-ST-ZIP TITLE	MIAMI BEACH FL	DELETE	2. 4 CIT	Y-ST-ZIP	VPI	MI BEACH, FL 33	139	Change	Addition	-
NAME	STD JORGE SARDINAS	€ bereit	3.1 HI			DILIO NIN		T Aviantic	AKARRIIIIII	1
STREET ADDRESS	1801 COLLINS AVENUE			NE REET ADDRESS		01 COLLINS AVENU	·a			
CITY-ST-ZIP	MIAMI BEACH FL		•	IY-ST-ZIP		MI BEACH, FL 33				
TITLE	INJAMI DENOTTIE	DELETE	4.1 T(T		1.4.2	are benefit to 55.		Change	Addition	4
NAME			4. 2 NA							
STREET ADDRESS				REET ADDRESS	1					ì
CITY-ST-ZIP			1	Y-ST-ZIP						
TITLE		☐ DELETE	5.1 111					Change	■ Addition	1
NAME		-	5.2 NA		1			-		
STREET ADDRESS			5.3 \$16	REET ADDRESS						
CITY-ST-ZIP			1	Y-ST-ZIP				•		
TITLE		DELETE	6.1 717					Change	Addition	1
NAME			6.2 NA	ME	-		•			
STREET ADDRESS			6.3 ST	REET ADDRESS	1					
CITY-ST-ZIP				Y-ST-ZIP						Ì
44   24   44	ar and for that the Information are allow	1 (IL 4L) - (III	116 . 6		4 - 41 *	- Continu 110 07/0\/i) Florida Ctatut	an I direttan		46.4	4

on prepty certify that trip information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on his 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 changed, or on an attachment with an address.