

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N93000003227  
 1. Entity Name  
 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
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01072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0427809	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PERSAUD, SAMUEL A ESQ.  
 1320 S. DIXIE HWY., SUITE 715  
 CORAL GABLES, FL 33146

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REIBEL, ALBERT 1801 COLLINS AVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MORSE, ROCHELLE F 1801 COLLINS AVENUE MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WEINTRAUB, STUART 1801 COLLINS AVE MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000007620  
 01/20/04-80031-012 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other lists empowered.

SIGNATURE: *[Signature]* 1/14/04 305-673-1119  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #