

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 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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01042005 No Chg-NP CR2E037 (10/03)

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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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/20/05-80013-022 61.25

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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 like empowered.

SIGNATURE: Albert Reibel Pres / 04/05 766 2829100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #