

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003227 (6)

1. Corporation Name

SHELBORNE OCEAN BEACH HOTEL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1801 COLLINS AVE
MIAMI BEACH FL 33139

1801 COLLINS AVE
MIAMI BEACH FL 33139



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

07/16/1993

3a. Date of Last Report

05/01/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WASSERMAN, MARTIN W
999 WASHINGTON AVE
MIAMI BEACH FL 33139**

81 Name

DELWOOD MANAGEMENT CO., INC.

82 Street Address (P.O. Box Number is Not Acceptable)

4431 S.W. 64th AVENUE, SUITE 113

83

84 City

DAVIE

FL

85 Zip Code

33314

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]

JIM DELEO

CAM

4/8/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WASSERMAN, MARTIN	
STREET ADDRESS	999 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, ALINA	
STREET ADDRESS	999 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRINZMAN, ALAN E	
STREET ADDRESS	2601 S BAYSHORE DR 600	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CASTILLO, EVELYN	
1.3 STREET ADDRESS	1801 COLLINS AVE, APT. 521	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	AGUILA, PERCY JR.	
2.3 STREET ADDRESS	1801 COLLINS AVE, APT. T11	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SARDINAS, JORGE	
3.3 STREET ADDRESS	1801 COLLINS AVE.	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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)(k), 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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANAGER

(954) 791-4800

CR2E037 (12/95)