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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 33139-7414

3. Date Incorporated or Qualified: 07/16/1993
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

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

9. Name and Address of Current Registered Agent

DELWOOD MANAGEMENT CO., INC.
4431 SW 64TH AVENUE,
SUITE 113
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name: GRS MANAGEMENT OF BROWARD INC
82 Street Address (P.O. Box Number is Not Acceptable): 4431 SW 64th AVENUE
83: SUITE 113
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: Maria E Barreto — MARIA E. BARRETO V/P — 4/16/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EVELYN CASTILLO 1801 COLLINS AVENUE, APT. 521 MIAMI BEACH FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD PERCY AGUILA, JR. 1801 COLLINS AVENUE, APT. T11 MIAMI BEACH, FL 33139	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PERCY AGUILA, JR. 1801 COLLINS AVENUE, APT. T11 MIAMI BEACH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S/T/D STUART WEINSTRAUB 1801 COLLINS AVENUE MIAMI BEACH, FL 33139	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD JORGE SARDINAS 1801 COLLINS AVENUE MIAMI BEACH FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VPD BAUDILIO NIN 1801 COLLINS AVENUE MIAMI BEACH, FL 33139	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the 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 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: [illegible] 4/16/97 (305)673-1119