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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003227

1. Corporation 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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/16/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0427809
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GRS MANAGEMENT OF BROWARD INC
4431 SW 64TH AVENUE
SUITE 119
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name	Castle Management Inc.
82 Street Address (P.O. Box Number is Not Acceptable)	4450 W. Sunrise Blvd.
83	Suite 100
84 City	Plantation
85	FL
Zip Code	33313

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

Eric H. Sengnet
Signature, typed or printed name of registered agent and title if applicable.

Eric H. Sengnet
(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	REIBEL, ALBERT	1.2 NAME	
STREET ADDRESS	1801 COLLINS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	NIN, BAUDILIO	2.2 NAME	
STREET ADDRESS	1801 COLLINS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	WEINTRAUB, STUART	3.2 NAME	
STREET ADDRESS	1801 COLLINS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: X

Albert Reibel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRE Albert Reibel, President

Date

Daytime Phone #

3/26/99 (305) 947-7488

CR2F037 (11/98)