

**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



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 ☐

**\$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 PD  
NAME REIBEL, ALBERT  
STREET ADDRESS 1801 COLLINS AVE  
CITY-STATE-ZIP MIAMI BEACH, FL 33139

TITLE VPD  
NAME MORSE, ROCHELLE F  
STREET ADDRESS 1801 COLLINS AVENUE  
CITY-STATE-ZIP MIAMI, FL 33139

TITLE STD  
NAME WEINTRAUB, STUART  
STREET ADDRESS 1801 COLLINS AVE  
CITY-STATE-ZIP MIAMI BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-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 like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/04 305-673-1119