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	Mailing Address
1801 COLLINS AVE MIAMI BEACH, FL 33139	1801 COLLINS AVE MIAMI BEACH, FL 33139

01042005 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	REIBEL, ALBERT
STREET ADDRESS	1801 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VPD
NAME	MORSE, ROCHELLE F
STREET ADDRESS	1801 COLLINS AVENUE
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	STD
NAME	WEINTRAUB, STUART
STREET ADDRESS	1801 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000184037
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)(i), 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 1/04/05 786 282 9140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #