2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State 01-17-2006 90234 007 ****61.25

DOCUMENT # N9300003227 1. Entity Name SHELBORNE OCEAN BEACH HOTEL CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address					1-17-2006 9	90234 007	****61.2	5
1801 COLLINS AVE 180		Mailing Address 1801 COLLINS AVE MIAMI BEACH, FL 3313	•		ININ (1911 NOIM NOM	18111 22 111 26 122 11	.	1186 BI (581)
2. Principal P	lace of Business	3. Mailing Address						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042006	01042006 Chg-NP CR2E037 (11/05)			
City & State		City & State		4. FEI Number 65-0427			 -	plied For t Applicable
Zip	Country	Zip	Country		of Status Desired		\$8.75 Add	litional
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered		
DEDSALID			Name					
PERSAUD, SAMUEL A ESQ. 1320 S. DIXIE HWY., SUITÉ 715 CORAL GABLES, FL 33146			Street Address (r is Not Accepta	ble)		
			City			FL	Zip Code	
	named entity submits this statement for	or the purpose of changing its r	registered office o	registered agent, or both	n, in the State of	Florida. I am	familiar with,	and accept
the obligat	ions of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agent			ure required when reinstating)	<u> </u>	DATE		
	Signature, typed or principal name of registered agent							
			. registered right signed	ore required when real age in g)				
	Filing Fee Is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Ca	paign Financing	\$5.00 May Be Added to Fees	FI	Make checi orida Depar		
10.	Due by May 1, 2006 OFFICERS AND DI	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees ADDITIONS/CHA	Ft _	orida Depar	tment of St	tate
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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: `

undert SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-n-06