

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003227

**Entity Name:** SHELBORNE OCEAN BEACH HOTEL CONDOMINIUM  
ASSOCIATION, INC.

**FILED**  
**Feb 28, 2014**  
**Secretary of State**  
**CC9334516620**

**Current Principal Place of Business:**

1801 COLLINS AVE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1801 COLLINS AVE  
MIAMI BEACH, FL 33139

**FEI Number: 65-0427809**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PERSAUD, SAMUEL AESQ.  
9100 S. DADELAND BLVD.  
SUITE 400  
MIAMI, FL 33156 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                      |                 |                      |
|-----------------|----------------------|-----------------|----------------------|
| Title           | PD                   | Title           | T                    |
| Name            | MENIN, KEITH         | Name            | PADRON, CARLOS       |
| Address         | 1801 COLLINS AVENUE  | Address         | 1801 COLLINS AVE     |
| City-State-Zip: | MIAMI FL 33139       | City-State-Zip: | MIAMI BEACH FL 33139 |
|                 |                      |                 |                      |
| Title           | VPS                  |                 |                      |
| Name            | WASSERMAN, MARTIN    |                 |                      |
| Address         | 1801 COLLINS AVE     |                 |                      |
| City-State-Zip: | MIAMI BEACH FL 33139 |                 |                      |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: KEITH MENIN**

**P**

**02/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date