

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham,  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # N93000001279 (9)**

95 MAY -1 PM 12: 17

1. Corporation Name  
**THE SHELBOURNE APARTMENT BUILDING, INC.**

Principal Place of Business Mailing Address  
**1205 DREXEL AVE. MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/19/1993** 3a. Date of Last Report **07/12/1994**

4. FEI Number **65-0457251** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

22. City & State 27. City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THORNBURG, DOUGLAS R  
% MIAMI BEACH DEVELOPMENT CORP.  
1205 DREXEL AVE.  
MIAMI BEACH FL 33139**

81 Name **Shawn Wilson**  
82 Street Address (P.O. Box Number is Not Acceptable) **1205 Drexel Ave.**  
83  
84 City **Miami Beach** FL 85 Zip Code **33139**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]*

6/2/95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>T</b>
NAME	<b>BOWER, MATILDE</b>
STREET ADDRESS	<b>1442 JEFFERSON AVE.</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL 33139</b>
TITLE	<b>D</b>
NAME	<b>GONZALEZ, MARIA</b>
STREET ADDRESS	<b>880 N.E. 159 ST.</b>
CITY - ST - ZIP	<b>NORTH MIAMI BEACH FL 33182</b>
TITLE	<b>D</b>
NAME	<b>GROSS, SAUL</b>
STREET ADDRESS	<b>1125 WASHINGTON AVE.</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL 33139</b>
TITLE	<b>D</b>
NAME	<b>HOLDER, CHERYL</b>
STREET ADDRESS	<b>16555 N.W. 25TH AVE.</b>
CITY - ST - ZIP	<b>OPA LOCKA FL 33054</b>
TITLE	<b>CD</b>
NAME	<b>MARTIN, ERNEST</b>
STREET ADDRESS	<b>1000 N. RIVER DR., #114</b>
CITY - ST - ZIP	<b>MIAMI FL 33136</b>
TITLE	<b>D</b>
NAME	<b>PRESS, BEVERLY</b>
STREET ADDRESS	<b>710 ALTON RD.</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL 33139</b>

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
**Beverly Press**

*[Signature]* **June 2, 1995** (305) 538-0423