

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 727755 (1)

1. Corporation Name
ARLEN HOUSE EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 100 BAY VIEW DRIVE NORTH MIAMI BEACH FL 33160
 100 BAY VIEW DRIVE NORTH MIAMI BEACH FL 33160

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/10/1973	06/14/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		13-2770784	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FELDMAN, MICHAEL K. NELSON & FELDMAN, P.A. 1135 KANE CONCOURSE BAY HARBOR ISLANDS FL				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P.D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGNON, GASTON	1.2 NAME	BLAU SEYMOUR
STREET ADDRESS	100 BAY VIEW DR	1.3 STREET ADDRESS	100 BAYVIEW DRIVE #2017
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUHAUS, JON	2.2 NAME	HANLEY HEATHER
STREET ADDRESS	100 BAY VIEW DR	2.3 STREET ADDRESS	100 BAYVIEW DRIVE #2126
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	S.D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, JACK	3.2 NAME	WEINMAN KAY
STREET ADDRESS	100 BAY VIEW DR	3.3 STREET ADDRESS	100 BAYVIEW DRIVE #308
CITY-ST-ZIP	MIAMI BCH FL	3.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIEZEL, ISRAEL	4.2 NAME	KONDRAT VLADIMIR #
STREET ADDRESS	100 BAY VIEW DR	4.3 STREET ADDRESS	100 BAYVIEW DRIVE #1122
CITY-ST-ZIP	MIAMI BCH FL	4.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZINBERG, HARVEY	5.2 NAME	CERVENY EDWARD
STREET ADDRESS	100 BAY VIEW DR	5.3 STREET ADDRESS	100 BAYVIEW DRIVE #1531
CITY-ST-ZIP	MIAMI BCH FL	5.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHVIMER, ALEX	6.2 NAME	FRIEDLANDER MARIANNE
STREET ADDRESS	100 BAY VIEW DRIVE	6.3 STREET ADDRESS	100 BAYVIEW DRIVE 1131
CITY-ST-ZIP	MIAMI BEACH FL	6.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160

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 119.07(3)(k), 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: *Seymour Blau* JUNE 07, 1996 (305) 944-3453
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)