

FILE NOW: FILING FEE IS \$61.25

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**Apr 01 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727755 (1)
 Corporation Name
ARLEN HOUSE EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 100 BAY VIEW DRIVE NORTH MIAMI BEACH FL 33160	Mailing Address 100 BAY VIEW DRIVE NORTH MIAMI BEACH FL 33160
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3. Date Incorporated or Qualified
10/10/1973

4. FEI Number
13-2770784

Applied For
 Yes Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**FELDMAN, MICHAEL K.
NELSON & FELDMAN, P.A.
1135 KANE CONCOURSE
BAY HARBOR ISLANDS FL**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GAGNON, GASTON	
STREET ADDRESS	100 BAY VIEW DR	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HANLEY, HEATHER	
STREET ADDRESS	100 BAYVIEW DRIVE #2126	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SILVERMAN, JACK	
STREET ADDRESS	100 BAY VIEW DR	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KONDRAT, VLADIMIR	
STREET ADDRESS	100 BAYVIEW DRIVE #1122	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZINBERG, HARVEY	
STREET ADDRESS	100 BAY VIEW DR	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHVIMER, ALEX	
STREET ADDRESS	100 BAY VIEW DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEYMOUR BLAU	
1.3 STREET ADDRESS	100 BAYVIEW DRIVE # 2017	
1.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HANLEY HEATHER	
2.3 STREET ADDRESS	100 BAYVIEW DRIVE #2126	
2.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KAY WEINMAN	
3.3 STREET ADDRESS	100 BAYVIEW DRIVE #308	
3.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
4.1 TITLE	TREASURE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ALEX SCHVIMER	
4.3 STREET ADDRESS	100 BAYVIEW DIRVE #1710	
4.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARIANNE FRIEDLANDER	
5.3 STREET ADDRESS	100 BAYVIEW DRIVE # 1131	
5.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GASTON GAGNON	
6.3 STREET ADDRESS	100 BAYVIEW DRIVE #1703	
6.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	

14. 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 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 Pres 3/5/98 944-3413*

CP2E037 (10/97)