2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNS

Secretary of State DOCUMENT #727755 06-08-2006 90003 034 ****70.00 ARLEN HOUSE EAST CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address 44166004 **100 BAYVIEW DRIVE 100 BAYVIEW DRIVE** NORTH MIAMI BEACH, FL 33160 NORTH MIAMI BEACH, FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06012006 Chg-NP CR2E037 (4/06) City & State City & State 4. FEI Number Applied For - 13-2770784 Not Applicable Zip Country Country 7in \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FELDMAN, MICHAEL K. MICHAEL K. FELDMAN, P.A Street Address (P.O. Box Number is Not Acceptable) 1111 KANE CONCOURSE SUITE 200 BAY HARBOR ISLANDS, FL 33154 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by September 6, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. secretary Friedlander, Marianne TITLE TITLE ☐ Delete WINSTON, ALAN NAME NAME 100 BOYVIEW Drive # 1131 STREET ADDRESS 100 BAYVIEW DR., #504 STREET ADDRESS CITY-ST-7IP SUNNY ISLES, FL 33160 CITY-ST-ZIP Sunny Isles Beach, FL 33160 ŤITLE ☐ Delete TITLE Director Change ☐ Addition WINSTON, ALAN NAME Heather Hauley STREET ADDRESS 100 BAYVIEW DR # 504 STREET ADDRESS 100 Bayview Drive COTY - ST-71P SUNNY ISLES, FL 33160 CITY-ST-ZIP Sunny Isles Beach. VP ☐ Delete TET) F īreasurer Change Addition Hammer, Sy 100 Bayview Drive # 2220 OLEMBERG, JENNIFER NAME NAME STREET ADDRESS 100 BAYVIEW DR # 1726-1727 STREET ADDRESS CITY-ST-ZIP SUNNY ISLES, FL 33160 CETY-ST-71P Sunny Isles Beach. Fl. 33160 TITLE Delete TITLE =Treas - Assist = Addition ☐ Change ROGERS, THOMAS L NAME Olemberg, Robert NAME 100 Bayview Drive # 1726-1727 STREET ADDRESS 100 BAYVIEW DR # 1725 STREET ADDRESS CITY-ST-ZIP SUNNY ISLES, FL 33160 Sunyy Director CITY-ST-ZIP Isles Beach, TITLE 🔽 Delete TITLE Change HANLEY, HEATHER Barrera, Rafael 100 Bayview Brive # 1223 NAME NAME STREET ADDRESS 100 BAYVIEW DR, #2126 STREET ADDRESS CITY-ST-7(P SUNNY ISLES, FL 33160 CITY-ST-ZIP Sunny Isles Beach, FI. 33160 TITLE -Director TITLE Change — X Addition Detete NAME CAMPS, ABEL A Berliner, Max NAME 100 BAYVIEW DR # 1506 100 Bayview Drive # 828 STREET ADDRESS STREET ADDRESS SUNNY ISLES, FL 33160 CITY-ST-ZIP Sunny Isles Beach, Fl. 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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.

FILED

Jun 08, 2006 8:00 am

(305)944-<u>3453</u>

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 727755) 1. Entity Name ARLEN HOUSE EAST CONDOMINIUM ASSOCIATION, INC. •					ATTACHMENT			
Principal Place of Business 100 BAYVIEW DRIVE NORTH MIAMI BEACH, FL 33160 Mailing Address 100 BAYVIEW DRIVE NORTH MIAMI BEACH, FL			FL 3316	60	40095111			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			06012006 Ch	ng-NP CR	2E037 (4/06)	
City & State		City & State			4. FEI Number 13-277078	4	ļ	ptied For at Applicable
Zip	Country	Zip	Cou	ntry	5. Certificate of Sta	atus Desired 🗶	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Register	ed Agent	
FELDMAN, MICHAEL K MICHAEL K. FELDMAN, P.A. 1111 KANE CONCOURSE SUITE 200				Name Street Address (P.O. Box Number is Not Acceptable)				
BAY HARBOR ISLANDS, FL 33154				City FL Zip Code				
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	s registere	ed office or register	ed agent, or both, in	the State of Florida. 1	am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	d Agent eignature required	when rainstating)	DA*	re	
Filing Fee is \$61.25 9. Election Campa Due by September 6, 2006 Trust Fund Conf					\$5.00 May Be Make check payable to Added to Fees Florida Department of State			
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGE	ES TO OFFICERS AND	DIRECTORS IN	10
TITLE	Р	☐ Delete	TITLE	Dice	ector ,		Change	Addition
NAME	WINSTON, ALAN		NAMI	E. Min	ret, Gustav	Drive # 170	TP	<u> </u>
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