

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 6/8/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT 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 # 727755 (1)**  
 1. Corporation Name  
**ARLEN HOUSE EAST CONDOMINIUM ASSOCIATION, INC.**

25 JUN 14 AM 9:21

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/10/1973** 3a. Date of Last Report **03/08/1994**  
 4. FEI Number **13-2770784** Applied For Not Applicable  
 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**  
 8. This corporation has liability for intangible tax under s. 199.039, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 29 Zip Country 30

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 **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>CERVENY, EDWARD</b>
STREET ADDRESS	<b>100 BAY VIEW DR</b>
CITY - ST - ZIP	<b>MIAMI BCH FL</b>
TITLE	<b>PD</b>
NAME	<b>BLAU, SEYMOUR</b>
STREET ADDRESS	<b>100 BAY VIEW DR</b>
CITY - ST - ZIP	<b>MIAMI BCH FL</b>
TITLE	<b>VD</b>
NAME	<b>HANLEY, HEATHER</b>
STREET ADDRESS	<b>100 BAY VIEW DR</b>
CITY - ST - ZIP	<b>MIAMI BCH FL</b>
TITLE	<b>TD</b>
NAME	<b>LABERGE, MARTIN D</b>
STREET ADDRESS	<b>100 BAY VIEW DR</b>
CITY - ST - ZIP	<b>MIAMI BCH FL</b>
TITLE	<b>TD</b>
NAME	<b>ALEX SCHVIMER</b>
STREET ADDRESS	<b>100 BAY VIEW DR</b>
CITY - ST - ZIP	<b>MIAMI BCH FL</b>
TITLE	<b>SD</b>
NAME	<b>WEINMAN, KAY</b>
STREET ADDRESS	<b>100 BAY VIEW DR</b>
CITY - ST - ZIP	<b>MIAMI BCH FL</b>
TITLE	<b>D</b>
NAME	<b>KONDRAT, VLADIMIR</b>
STREET ADDRESS	<b>100 BAY VIEW DR</b>
CITY - ST - ZIP	<b>MIAMI BCH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>GASTON GAGNON</b>	
1.3 STREET ADDRESS	<b>100 BAYVIEW DR</b>	
1.4 CITY - ST - ZIP	<b>MIAMI BCH, FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	<b>D</b>	
2.2 NAME	<b>JON NEUHAUS</b>	
2.3 STREET ADDRESS	<b>100 BAYVIEW DR</b>	
2.4 CITY - ST - ZIP	<b>MIAMI BEACH, FL.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	<b>D</b>	
3.2 NAME	<b>JACK SILVERMAN</b>	
3.3 STREET ADDRESS	<b>100 BAYVIEW DR.</b>	
3.4 CITY - ST - ZIP	<b>MIAMI BCH, FL.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	<b>D</b>	
4.2 NAME	<b>ISRAEL VIEZEL</b>	
4.3 STREET ADDRESS	<b>100 BAYVIEW DR.</b>	
4.4 CITY - ST - ZIP	<b>MIAMI BEACH, FL.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	<b>D.</b>	
5.2 NAME	<b>HARVEY ZINBERG</b>	
5.3 STREET ADDRESS	<b>100 BAYVIEW DR.</b>	
5.4 CITY - ST - ZIP	<b>MIAMI BCH, FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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(2)(A), 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, unchanged, or on an attachment with the address

SIGNATURE: *Seymour Blau, Pres.* 6/8/95 944-3463  
 SEYMOUR BLAU OFFICE

CR2E037 (3/95)