

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 723756 (3)

1. Corporation Name

ARLEN HOUSE WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**500 BAYVIEW DRIVE
NO. MIAMI BEACH FL 33160**

Mailing Address

**500 BAYVIEW DRIVE
NO. MIAMI BEACH FL 33160**



3. Date Incorporated or Qualified

06/28/1972

3a. Date of Last Report

06/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

13-2766132

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**

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

9. Name and Address of Current Registered Agent

**FELDMAN, MICHAEL
1135 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDD** ☒ DELETE
NAME **SOBER, SIDNEY**
STREET ADDRESS **500 BAYVIEW DRIVE**
CITY-ST-ZIP **N MIAMI BEACH, FL**

TITLE **VD** ☒ DELETE
NAME **YECIES, T**
STREET ADDRESS **500 BAYVIEW DRIVE**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE **TD** ☐ DELETE
NAME **ROSENFELD, GENE**
STREET ADDRESS **500 BAYVIEW DRIVE**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE **SD** ☐ DELETE
NAME **WEINER, BENJAMIN**
STREET ADDRESS **500 BAYVIEW DRIVE**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT/D** ☒ Change ☐ Addition
1.2 NAME **SOL KAYE**
1.3 STREET ADDRESS **500 BAYVIEW DRIVE**
1.4 CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33160**

2.1 TITLE **VICE-PRESIDENT/D** ☒ Change ☐ Addition
2.2 NAME **NORMAN BAUM**
2.3 STREET ADDRESS **500 BAYVIEW DRIVE**
2.4 CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33160**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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***161.25**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/96 (305) 944-2348

CR2E037 (12/95)