

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

100 BAY VIEW DRIVE
NORTH MIAMI BEACH FL 33160

Mailing Address

100 BAY VIEW DRIVE
NORTH MIAMI BEACH FL 33160



3. Date Incorporated or Qualified
10/10/1973

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

13-2770784

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

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 ☐ Yes ☐ No

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	GAGNON, GASTON	100 BAY VIEW DR	MIAMI BCH FL	<input type="checkbox"/>
D	NEUHAUS, JON	100 BAY VIEW DR	MIAMI BCH FL	<input checked="" type="checkbox"/>
D	SILVERMAN, JACK	100 BAY VIEW DR	MIAMI BCH FL	<input type="checkbox"/>
D	VIEZEL, ISRAEL	100 BAY VIEW DR	MIAMI BCH FL	<input checked="" type="checkbox"/>
D	ZINBERG, HARVEY	100 BAY VIEW DR	MIAMI BCH FL	<input type="checkbox"/>
TD	SCHVIMER, ALEX	100 BAY VIEW DRIVE	MIAMI BEACH FL	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P.D.	BLAU SEYMOUR	100 BAYVIEW DRIVE #2017	NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V.D.	HANLEY HEATHER	100 BAYVIEW DRIVE #2126	NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S.D.	WEINMAN KAY	100 BAYVIEW DRIVE #308	NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D.	KONDRAT VLADIMIR #	100 BAYVIEW DRIVE #1122	NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D.	CERVENY EDWARD	100 BAYVIEW DRIVE #1531	NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D.	FRIEDLANDER MARIANNE	100 BAYVIEW DRIVE 1131	NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/>

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

JUNE 07, 1996

(305) 944-3453

Date

Daytime Phone #

CR2E037 (3/96)