

FILE NOW: FILING FEE IS \$61.25

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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
100 BAY VIEW DRIVE NORTH MIAMI BEACH FL 33160
100 BAY VIEW DRIVE NORTH MIAMI BEACH FL 33160-4781

3. Date Incorporated or Qualified 10/10/1973
3a. Date of Last Report 06/17/1996
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
8. This corporation has liability for intangible tax under s. 199.032, 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 28 Zip Country
24 25 29 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	GAGNON, GASTON	
STREET ADDRESS	100 BAY VIEW DR	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VD	DELETE
NAME	HANLEY, HEATHER	
STREET ADDRESS	100 BAYVIEW DRIVE #2126	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	D	DELETE
NAME	SILVERMAN, JACK	
STREET ADDRESS	100 BAY VIEW DR	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	D	DELETE
NAME	KONDRAT, VLADIMIR	
STREET ADDRESS	100 BAYVIEW DRIVE #1122	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	D	DELETE
NAME	ZINBERG, HARVEY	
STREET ADDRESS	100 BAY VIEW DR	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	TD	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	P.D.	Change	Addition
1.2 NAME	BLAU SEYMOUR		
1.3 STREET ADDRESS	100 bayview drive #2017		
1.4 CITY-ST-ZIP	North MIAMI BEACH, FL 33160		
2.1 TITLE	S.D.	Change	Addition
2.2 NAME	WEINMAN KAY		
2.3 STREET ADDRESS	100 BAYVIEW DRIVE #308		
2.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		
3.1 TITLE	D.	Change	Addition
3.2 NAME	MAX BERLINER		
3.3 STREET ADDRESS	100 BAYVIEW DRIVE #828		
3.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		
4.1 TITLE	D.	Change	Addition
4.2 NAME	FRIEDLANDER MARIANNE		
4.3 STREET ADDRESS	100 BAYVIEW DRIVE, 1131		
4.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		
5.1 TITLE	D	Change	Addition
5.2 NAME	EDWARD CERVENY		
5.3 STREET ADDRESS	100 BAYVIEW DRIVE # 1531		
5.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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. 3/5/97 (305) 947-7307
DATE: 3/5/97 DAYTIME PHONE: 0031549

CR2E037 (9/96)