

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90206 001 ****61.25

DOCUMENT # 726169

Corporation Name

ARLEN HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

BAYVIEW DR
MIAMI BEACH FL 33160

Mailing Address

300 BAYVIEW DR.
NORTH MIAMI BEACH FL 33160



Principal Place of Business

2. Mailing Address

3. Date Incorporated or Qualified

04/19/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

13-2770774

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FELDMAN, MICHAEL K.
1135 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I, 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

2. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12

1. NAME
PD
KRUGER, SAM
300 BAYVIEW DR.
NORTH MIAMI BEACH FL 33160
☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2. NAME
V/D
GREENWALD, ALAN
300 BAYVIEW DR.
NORTH MIAMI BEACH FL
☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
PD
☒ Change ☐ Addition

3. NAME
V/D
GUTTMAN, LEROY
300 BAYVIEW DR.
NORTH MIAMI BEACH FL 33160
☐ DELETE

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

4. NAME
SD
ROBERG, MITZI
300 BAYVIEW DR.
NORTH MIAMI BEACH FL 33160
☐ DELETE

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

5. NAME
T/D
WAINICK, JOAN
300 BAYVIEW DR.
NORTH MIAMI BEACH FL 33160
☐ DELETE

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

6. NAME
☐ DELETE

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

I 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, with all other like empowered.

SIGNATURE:

RECEIVED AT 10:00 AM 4/23/99

4/23/99

(305) 944-2348

CR2E037 (11/98)