


FILE NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90196 037 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 723756					
1. Corporation Name ARLEN HOUSE WEST COMDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 500 BAYVIEW DRIVE NO. MIAMI BEACH FL 33160			Mailing Address 500 BAYVIEW DRIVE NO. MIAMI BEACH FL 33160		

448174 - 90196 - 37



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/28/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		13-2766132	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
25		30		\$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 1135 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 <input checked="" type="checkbox"/> DELETE NAME PD WEINER, BENJAMIN STREET ADDRESS 500 BAYVIEW DRIVE CITY-ST-ZIP N MIAMI BEACH FL 33160				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME VD REISERT, FRED STREET ADDRESS 500 BAYVIEW DR CITY-ST-ZIP N MIAMI BEACH FL				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME TD ROSENFELD, GENE STREET ADDRESS 500 BAYVIEW DRIVE CITY-ST-ZIP N MIAMI BEACH FL				3.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE NAME SD BAUM, NORMAN STREET ADDRESS 500 BAYVIEW DRIVE CITY-ST-ZIP N MIAMI BEACH FL 33160				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME SOL KAYE 5.3 STREET ADDRESS 500 BAYVIEW DRIVE 5.4 CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME NOLE WOLF 6.3 STREET ADDRESS 500 BAYVIEW DRIVE 6.4 CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160			

14. 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 2 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 305/794-8723
Date Daytime Phone #

CR2E037 (11/98)