

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90499 048 \*\*\*61.25

0041867

**DOCUMENT # 727755**

1. Entity Name  
**ARLEN HOUSE EAST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address

**100 BAYVIEW DRIVE**      **100 BAYVIEW DRIVE**  
**NORTH MIAMI BEACH FL 33160**      **NORTH MIAMI BEACH FL 33160**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**13-2770784**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

    



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FELDMAN, MICHAEL K.**  
**NELSON & FELDMAN, P.A.**  
**1135 KANE CONCOURSE**  
**BAY HARBOR ISLANDS FL**

7. Name and Address of New Registered Agent

Name

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

City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

    

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	<b>P</b> <b>BLAU, SEYMOUR</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>100 BAYVIEW DRIVE # 2017</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>	
TITLE NAME	<b>VP</b> <b>HANLEY, HEATHER</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>100 BAYVIEW DRIVE #2126</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>	
TITLE NAME	<b>S</b> <b>FREIDLANDER, MARIANNE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>100 BAYVIEW DR # 1131</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>	
TITLE NAME	<b>T</b> <b>SCHVIMER, ALEX</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>100 BAYVIEW DRIVE #1710</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>	
TITLE NAME	<b>D</b> <b>ROSENFELDT, SONIA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>100 BAYVIEW DR APT 1714</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>	
TITLE NAME	<b>D</b> <b>CERVENG, MARILYN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>100 BAYVIEW DR APT 1531</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>S</b> <b>FRIEDLANDER, MARIANNE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>100 Bayview DR #1131</b>	
CITY-ST-ZIP	<b>North Miami Beach, FL 33160</b>	
TITLE NAME	<b>D</b> <b>ROSENFELD, SONIA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>100 Bayview DR.#1714</b>	
CITY-ST-ZIP	<b>North Miami Beach, FL 33160</b>	
TITLE NAME	<b>D</b> <b>CERVENY, MARILYN</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>100 Bayview Dr.# 1531</b>	
CITY-ST-ZIP	<b>North Miami Beach, FL 33160</b>	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Seymour Blau*      SEYMOUR BLAU      3/8/01      305-944-3453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)