

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90083 002 \*\*\*\*61.25

0025408

**DOCUMENT # 727755**

1. Entity Name

**ARLEN HOUSE EAST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>100 BAYVIEW DRIVE NORTH MIAMI BEACH FL 33160</b>	Mailing Address <b>100 BAYVIEW DRIVE NORTH MIAMI BEACH FL 33160</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**13-2770784**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REAL GAUDREAU</b>
STREET ADDRESS	<b>100 BAYVIEW DRIVE # 1826</b>
CITY-ST-ZIP	<b>SUNNY ISLES, FL 33160</b>
TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALAN WINSTON</b>
STREET ADDRESS	<b>100 BAYVIEW DRIVE # 504</b>
CITY-ST-ZIP	<b>SUNNY ISLES, FL 33160</b>
TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JENNIFER OLEMBERG</b>
STREET ADDRESS	<b>100 BAYVIEW DRIVE #1726-1727</b>
CITY-ST-ZIP	<b>SUNNY ISLES, FL 33160</b>
TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMAS L. ROGERS</b>
STREET ADDRESS	<b>100 BAYVIEW DRIVE # 1725</b>
CITY-ST-ZIP	<b>SUNNY ISLES, FL 33160</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEYMOUR BLAU</b>
STREET ADDRESS	<b>100 BAYVIEW DRIVE # 2017</b>
CITY-ST-ZIP	<b>SUNNY ISLES, FL 33160</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ABEL A. CAMPS</b>
STREET ADDRESS	<b>100 BAYVIEW DRIVE # 1506</b>
CITY-ST-ZIP	<b>SUNNY ISLES, 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 persons empowered.

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

*x 3-8-02 x*

Date Daytime Phone #

CR2E037 (9/01)