

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 727755

FILED
Nov 30, 2004
Secretary of State

Entity Name: ARLEN HOUSE EAST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

100 BAYVIEW DRIVE
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

100 BAYVIEW DRIVE
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 13-2770784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FELDMAN, MICHAEL K.
MICHAEL K. FELDMAN, P.A.
1111 KANE CONCOURSE SUITE 200
BAY HARBOR ISLANDS, FL 33154 US

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: MICHAEL K. FELDMAN 11/30/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WINSTON, ALAN
Address: 100 BAYVIEW DR., #504
City-St-Zip: SUNNY ISLES, FL 33160

Title: P () Delete
Name: WINSTON, ALAN
Address: 100 BAYVIEW DR # 504
City-St-Zip: SUNNY ISLES, FL 33160

Title: D () Delete
Name: OLEMBERG, JENNIFER
Address: 100 BAYVIEW DR # 1726-1727
City-St-Zip: SUNNY ISLES, FL 33160

Title: AT () Delete
Name: ROGERS, THOMAS L
Address: 100 BAYVIEW DR # 1725
City-St-Zip: SUNNY ISLES, FL 33160

Title: VP () Delete
Name: HANLEY, HEATHER
Address: 100 BAYVIEW DR, #2126
City-St-Zip: SUNNY ISLES, FL 33160

Title: D () Delete
Name: CAMPS, ABEL A
Address: 100 BAYVIEW DR # 1506
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN WINSTON P 11/30/2004
Electronic Signature of Signing Officer or Director Date