

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90074 006 ****70.00

DOCUMENT # 727755 1. Entity Name ARLEN HOUSE EAST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 100 BAYVIEW DRIVE NORTH MIAMI BEACH, FL 33160			Mailing Address 100 BAYVIEW DRIVE 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		
6. Name and Address of Current Registered Agent			7. 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			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
9. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINSTON, ALAN 100 BAYVIEW DR., #504 SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Okurliand-Pack, Yda 100 Bayview Drive # 1526 Sunny Isles, FL. 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINSTON, ALAN 100 BAYVIEW DR # 504 SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ramirez, Ana 100 Bayview Drive # PH-24 Sunny Isles, FL. 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLEMBERG, JENNIFER 100 BAYVIEW DR # 1726-1727 SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rogers, Thomas L. 100 Bayview Drive # 1725 Sunny Isles, FL. 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ROGERS, THOMAS L 100 BAYVIEW DR # 1725 SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Silverman, Jack 100 Bayview Drive # 408 Sunny Isles, FL. 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANLEY, HEATHER 100 BAYVIEW DR, #2126 SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP olemberg, Jennifer 100 Bayview Drive # 1726-1727 Sunny Isles, FL. 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPS, ABEL A 100 BAYVIEW DR # 1506 SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Friedlander, Marianne 100 Bayview Drive # 1131 Sunny Isles, FL. 33160	
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: X			02-28-05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

305-944-3453

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 727755 1. Entity Name ARLEN HOUSE EAST CONDOMINIUM ASSOCIATION, INC.						<h2 style="margin: 0;">ATTACHMENT</h2> <p style="font-size: 2em; margin: 10px 0;">20017595</p>	
Principal Place of Business 100 BAYVIEW DRIVE NORTH MIAMI BEACH, FL 33160				Mailing Address 100 BAYVIEW DRIVE NORTH MIAMI BEACH, FL 33160			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent FELDMAN, MICHAEL K MICHAEL K. FELDMAN, P.A. 1111 KANE CONCOURSE SUITE 200 BAY HARBOR ISLANDS, FL 33154				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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. I am familiar with, and accept the obligations of registered agent.				4. FEI Number 13-2770784			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
\$8.75 Additional Fee Required				02252005 Chg-NP CR2E037 (10/03)			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
\$5.00 May Be Added to Fees				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINSTON, ALAN <input type="checkbox"/> Delete 100 BAYVIEW DR., #504 SUNNY ISLES, FL 33160			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hanley, Heather <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 Bayview Drive # 2126 Sunny Isles, FL 33160		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINSTON, ALAN <input type="checkbox"/> Delete 100 BAYVIEW DR # 504 SUNNY ISLES, FL 33160			TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Hammer, Sy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100 Bayview Drive # PH-20 Sunny Isles, FL 33160		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLEMBERG, JENNIFER <input type="checkbox"/> Delete 100 BAYVIEW DR # 1726-1727 SUNNY ISLES, FL 33160			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Berliner, Max <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100 Bayview Drive # 828 Sunny Isles, FL 33160		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ROGERS, THOMAS L <input type="checkbox"/> Delete 100 BAYVIEW DR # 1725 SUNNY ISLES, FL 33160			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANLEY, HEATHER <input type="checkbox"/> Delete 100 BAYVIEW DR, #2126 SUNNY ISLES, FL 33160			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPS, ABEL A <input type="checkbox"/> Delete 100 BAYVIEW DR # 1506 SUNNY ISLES, FL 33160			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>X Alan Winston</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				02-28-05 <small>Date</small>		305-944-3453 <small>Daytime Phone #</small>	