2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90185 041 ****61.25

DOCUMENT #723756 1. Entity Name
ARLEN HOUSE WEST COMDOMINIUM ASSOCIATION, INC.

500 BAYVIEN No. Miami B	e of Business N DRIVE EACH, FL 33160	500 BAYVIEW DRIVE NO. MIAMI BEACH, FL 33160			, 	50044	-
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212005 CI	ng-NP CR2	E037 (10/03)	
City & Stat	e	City & State		4. FEI Number 13-276613	2		oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Ad Fee Require	
,	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Register	ed Agent —	
FELDMAN	I, MICHAEL		Name				
	E CONCOURSE		Street A	ddress (P.O. Box Number is I	Not Acceptable)		
#200	OD ICLANDO EL 22454				*	-	
BATHAB	OR ISLANDS, FL 33154		City			Zip Cod	ie
8. The above	named entity submits this statement for	the ourpose of changing its re	egistered office of	r registered agent, or both, in	_	_ ,	and accept
the obliga	tions of registered agent.	the perpose of orlanging that	sgiatered office of	registered agent, or boar, in	the state of Florida. Th	an anula win	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	and trie if applicable. (NOTE:	Registered Agent signat	ure required when reinstating)	DA	TF	
					8 X	7.	
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees		eck payable to partment of S	
					K .		
10.	OFFICERS AND DIF	ECTORS	11.	ADDITIONS/CHANGI	ES TO OFFICERS AND	DIRECTORS IN	l 10
TITLE	TD	ECTORS Delete	11. TITLE	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	1 10 Addition
TITLE NAME	TD KAYE, SOL		TITLE NAME	ADDITIONS/CHANGI	ES TO OFFICERS AND		
TITLE NAME STREET ADDRESS	TD KAYE, SOL 500 BAYVIEW DRIVE	☐ Delete	TITLE NAME STREET ADDRESS	ADDITIONS/CHANGI	ES TO OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAYE, SOL 500 BAYVIEW DRIVE SUNNY ISLES BEACH, FL 3316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TD KAYE, SOL 500 BAYVIEW DRIVE SUNNY ISLES BEACH, FL 3316 2DVP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ASST. TREASUR	'er		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TD KAYE, SOL 500 BAYVIEW DRIVE SUNNY ISLES BEACH, FL 3316 2DVP REISERT, FRED 500 BAYVIEW DR N MIAMI BEACH, FL PD ROSENFELD, GENE 500 BAYVIEW DRIVE N MIAMI BEACH, FL AS GUERRA, OLGA 500 BAYVIEW DRIVE SUNNY ISLES BECH, FL 33160 S WEINER, BENJAMIN N 500 BAYVIEW DRIVE	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ASST. TREASUR ROBERTA LAWR SOO BAYVIEW SUMMY ISCES PRESIDENT SECRETARY	ER ENCE BEACH, FO	Change Change Change Change Change	Addition Addition 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: Baylanno Meine	04-27-05	
SIGNATURE AND TYPED ON PRINTER NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #