

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90146 033 ****61.25

DOCUMENT # 726169

1. Entity Name
ARLEN HOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
300 BAYVIEW DR.
NORTH MIAMI BEACH, FL 33160

Mailing Address
300 BAYVIEW DR.
NORTH MIAMI BEACH, FL 33160

50020300



DO NOT WRITE IN THIS SPACE

02222006 No Chg-NP CR2E037 (11/05)

4. FEI Number
13-2770774

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FELDMAN, MICHAEL K.
1111 KANE CONCOURSE #200
BAY HARBOR ISLANDS, FL 33154

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	AST
NAME	SCHWARTZ, JERRY
STREET ADDRESS	300 BAYVIEW DR.
CITY-ST-ZIP	MIAMI, FL 33160
TITLE	ST
NAME	ROBERG, MITZI
STREET ADDRESS	300 BAYVIEW DR.
CITY-ST-ZIP	MIAMI, FL 33160
TITLE	VD
NAME	FRANK, JOEL S
STREET ADDRESS	300 BAYVIEW DR.
CITY-ST-ZIP	SUNNY ISLE BEACH, FL 33160
TITLE	2VP
NAME	ZUCKER, CHARLES M
STREET ADDRESS	300 BAYVIEW DR
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06

(305) 944-2348

Date

Daytime Phone #