## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT#723756** 

FILED Oct 03, 2007 Secretary of State

Entity Name: ARLEN HOUSE WEST COMDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

500 BAYVIEW DRIVE 500 BAYVIEW DRIVE

NO. MIAMI BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160

**Current Mailing Address: New Mailing Address:** 

500 BAYVIEW DRIVE 500 BAYVIEW DRIVE

SUNNY ISLES BEACH, FL 33160 NO. MIAMI BEACH, FL 33160

FEI Number: 13-2766132 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

FELDMAN, MICHAEL ASSOCIATION LAW GROUP, P.L. 1111 KANÉ CONCOURSE 1666 KENNEDY CAUSEWAY #200

BAY HABOR ISLANDS, FL 33154 US NORTH BAY VILLAGE, FL 33141 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: DAVID C. ARNOLD 10/03/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

SEECK, JACQUELINE SMITH, ERNEST Name: Name: 500 BAYVIEW DRIVE Address: 500 BAYVIEW DRIVE, #2028 Address:

City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: Title: (X) Change ( ) Addition ( ) Delete LAWRENCE, ROBERTA PIRE, ALAN Name: Name:

Address: 500 BAYVIEW DR Address: 500 BAYVIEW DRIVE, #828 City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: Title: (X) Change ( ) Addition ( ) Delete Name:

RISI, ANDRE ORTIZ, HORACIO J Name: 500 BAYVIEW DRIVE 500 BAYVIEW DRIVE, #426 Address: Address: City-St-Zip: SUNNY ISLES BECH. FL 33160 City-St-Zip: SUNNY ISLES BEACH, FL 33160

(X) Change ( ) Addition Title: ( ) Delete Title:

Name: JAEGER, SCOT Name: VALOR, VIRGILIO 500 BAYVIEW DRIVE, #418 Address: 500 BAYVIEW DRIVE Address:

City-St-Zip: SUNNY ISLES, FL 33160 City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: (X) Delete Title: () Change () Addition WORMSER, BENJAMIN Name: Name:

500 BAYVIEW DRIVE Address: Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TIFFANY K. TORRES Μ 10/03/2007