


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 OCT 13 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723756					
1. Entity Name ARLEN HOUSE WEST COMDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 500 BAYVIEW DRIVE SUNNY ISLES BEACH, FL 33160			Mailing Address 500 BAYVIEW DRIVE SUNNY ISLES BEACH, FL 33160		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 13-2766132	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VAZQUEZ, NURY PROP MG 500 BAYVIEW DRIVE MANAGEMENT OFFICE SUNNY ISLES BEACH, FL 33160				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		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 HOENOW, THORSTEN 500 BAYVIEW DRIVE, #1530 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200137175562 10/22/08--01048--002 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIMENTEL, RISHI 500 BAYVIEW DRIVE, #1832 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, ROBERT 500 BAYVIEW DRIVE, #625 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Smith, Eric Ernest <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 Bayview Drive Sunny Isles Beach, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, ERNEST 500 BAYVIEW DRIVE, #2028 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fernandez, Robert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 Bayview Drive, #625 Sunny Isles Beach, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Valor, Virgilio <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 500 Bayview Drive, #418 Sunny Isles Beach, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Iglesias, Mirta <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 500 Bayview Drive, #1828 Sunny Isles Beach, FL 33160	
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: _____			THORSTEN HOENOW 09/25/08 305-872-0191		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-2766132 <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAZQUEZ, NURY PROP MG 500 BAYVIEW DRIVE MANAGEMENT OFFICE SUNNY ISLES BEACH, FL 33160			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Amended AR is \$61.25		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 HOENOW, THORSTEN 500 BAYVIEW DRIVE, #1530 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, HORACIO 500 Bayview Drive, # 426 Sunny Isles Beach, FL. 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIMENTEL, RISHI 500 BAYVIEW DRIVE, #1832 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nemirovsky, Edward 500 Bayview Drive Sunny Isles Beach, FL. 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, ROBERT 500 BAYVIEW DRIVE, #625 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: <u>Thorsten Hoenow</u> THORSTEN HOENOW <u>09/25/08</u> <u>305-877-0191</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					