THE EN

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 723756 . Entity Name ARLEN HOUSE WEST COMDOMINIUM ASSOCIATION, NC. rincipal Place of Business 00 BAYVIEW DRIVE 500 BAYVIEW DRIVE				08 OCT 13 AM 9: 05 IALLAHASSEE, FLORIDA						
SUNNY ISLES BEACH, FL 33160 2. Principal Place of Business - No P.O. Box #	SUNNY ISLES BEACH, F	L 33160								
2. Tambipar race of Business - No F.O. Box #	Principal Place of Business - No P.O. Box # 3. Mailing Address				.					
Suite, Apt. #, etc.	Apt. #, etc. Suite, Apt. #, etc.			09182008 Ch	g-NP C	R2E037 (12/06)				
City & State	tate City & State			4. FEI Number 13-2766132	2		oplied For			
Zip Country	Zip	Country		5. Certificate of Sta	tus Desired	\$8.75 Ad	ditional			
6. Name and Address of Current F	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
VAZQUEZ, NURY PROP MG		Name	Name							
500 BAYVIEW DRIVE MANAGEMENT OFFICE			Street Address (P.O. Box Number is Not Acceptable)							
SUNNY ISLES BEACH, FL 33160										
		City		•		FL Zip Cod	е			
8. The above named entity supply this statement for	the purpose of changing its	registered office of	r register	ed agent, or both, in t	he State of Florida		and accept			
the obligations of registered gent	1/		-	-						
SIGNATURE	×				_					
Signature, types or printer partie of registered agent a	d title applicable. (NOTE	: Registered Agent signa	ture required	when reinstating)		DATE				
Amended AR is \$61.25	9. Election Carr Trust Fund C	paign Financing contribution.		\$5.00 May Be Added to Fees		check payable t Department of S				
10. OFFICERS AND DIR	ECTORS	11,	—— <u>—</u>	I ADDITIONS/CHANGE	S TO OFFICERS /	AND DIRECTORS IN	I 10			
TITLE P	☐ Delete	TITLE		200	10717	Change	Addition			
NAME HOENOW, THORSTEN STREET ADDRESS 500 BAYVIEW DRIVE, #1530		NAME STREET ADDRESS		10722/08	1371 -0048	002 **51.	25			
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160)	CITY-ST-ZIP				···				
TITLE T PIMENTEL, RISHI	☐ Delete	TITLE NAME				☐ Change	Addition			
STREET ADDRESS 500 BAYVIEW DRIVE, #1832		STREET ADDRESS								
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP								
TITLE S NAME FERNANDEZ, ROBERT	☐ Delete	TITLE NAME	5	mith, Gric	Ernest	Change	Addition			
STREET ADDRESS 500 BAYVIEW DRIVE. #625		STREET ADDRESS	5			Ti 2211	.0			
CITY-S1-ZIP SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP		Sunny Isl	es Beach		<i>0</i> 0			
TITLE VP NAME SMITH, ERNEST	☐ Delete	TITLE NAME	NY F	fernandez,	Robert,	Change	☐ Addition			
STREET ADDRESS 500 BAYVIEW DRIVE, #2028		STREET ADDRESS	'3	SO Bayvieu) DRIVE, #	F625	_			
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160)	CITY+ST-ZIP		Sunny Isla	es Beach	, FL. 3316				
TITLE NAME	☐ Delete	TITLE NAME	$ u _{V}$	lalor. Virgi	lio	☐ Change	Addition			
STREET ADDRESS		STREET ADDRESS	S	500 Bayvier						
CITY-ST-ZIP		CITY-ST-ZIP		Sunny Isl	es Beach	<u>, FL 3311</u>				
TITLE NAME	☐ Delete	TITLE	ピコ	Talesias, Mi	rta.	☐ Change	Addition			
STREET ADDRESS		STREET ADDRESS	S	500 Bayvie	w Drive	1#1898				
CITY-S1-ZIP		CITY-ST-ZIP	L	Sunny Is	iles Beau		160			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1 19. Floride 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 attackment with an address, with all other jike empowered.										
SIGNATURE:	RINTED NAME OF SIGNING OFFICER O	THORSTEN	Hot	ENTEL D	9/25/08 Date	205-847	0191			

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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					 	88 3000 (888 0 8 0%) 8 00	SINIA BIDIA SINIA BIBIA BIBIA BIBIA	 		
2. Principal Pr	cipal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.				09182008	Chg-NP	CR2E037 (12/06)				
City & State	State City & State				4. FEI Number 13-27661	32	<u> </u>	plied For t Applicable		
Zip	Country	Zip	Country		5. Certificate of	Status Desired	\$8.75 Add Fee Require			
	6. Name and Address of Current	Registered Agent	Nam	7. Name and Address of New Registered Agent Name						
VAZQUEZ, NURY PROP MG 500 BAYVIEW DRIVE MANAGEMENT OFFICE SUNNY ISLES BEACH, FL 33160				Street Address (P.O. Box Number is Not Acceptable)						
3011111131	N 100		City				FL Zip Code			
		or the purpose of changing its	registered offic	e or register	red agent, or both, i	in the State of Flo	rida. I am familiar with,	and accept		
the obligations of registered agent. SIGNATURE Signature, typed or printed land of hydristered agent and titley conscable. (NOTE Registered Agent signature required when reinstating) DATE										
	Amended AR is \$61.25	9. Election Cam Trust Fund C	_	g 🖸	\$5.00 May Be Added to Fees		ake check payable to da Department of St			
10.	OFFICERS AND D	RECTORS Delete	11.				RS AND DIRECTORS IN Change	10 Addition		
NAME STREET ADDRESS	HOENOW, THORSTEN 500 BAYNEW DRIVE, #1530	Delete	NAME	- (ORtiz, Hoi 500 Bayvi	RACIO		₩ Hudilon		
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 331	60°	STREET ADDRE	35	Sunny I	sles Bear	ch, FL. 3311	00/		
TITLE NAME	T PIMENTEL, RISHI	☐ Delete	TITLE NAME	DV	Vemirovsk	4. Edwar	d □ Change	Addition		
STREET ADDRESS	500 BAYVIEW DRIVE #1832 SUNNY ISLES BEACH, FL 331	60	STREET ADDRE	ss 5	00 Bayvie Sunny Is		, F. 2211	,O		
TITLE	\$	Delete	TITLE	 - `	Juniy 1	TES DENT	☐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP	FERNANDEZ ROBERT 500 BAYVIEW DRIVE, #625 SUNNY ISLES BEACH, FL 331	60	NAME STREET ADDRE CITY-ST-ZIP	ss						
TITLE	VP /	☐ Delete	TITLE	 			Change	Addition		
STREET ADDRESS	SMITH, ERNEST 500 BAYVIEW DRIVE, #2028	7	STREET ADORE	ss						
CITY-ST-ZIP	SIMNY ISLES BEACH, FL 331	Delete	CITY-ST-ZIP TITLE		<u>-</u>	· 	☐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP		\	NAME STREET ADDRE CITY-ST-ZIP	ss						
TITLE		☐ Delete	TITLE				☐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRE	ss						
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 HOENCW 09/25/08 305-87+-019/ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Description Proces										