

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723756

**Entity Name:** ARLEN HOUSE WEST CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**500 BAYVIEW DRIVE  
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**500 BAYVIEW DRIVE  
SUNNY ISLES BEACH, FL 33160**FEI Number:** 13-2766132**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUAREZ, KAREN  
500 BAYVIEW DRIVE  
SUNNY ISLES BEACH, FL 33160 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:** KAREN SUAREZ

03/15/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HALEY, KATHY  
Address        500 BAYVIEW DRIVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            TREASURER  
Name            CORCORAN, ALLAN  
Address        500 BAYVIEW DRIVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            DIRECTOR  
Name            APORTELA, AIDA  
Address        500 BAYVIEW DRIVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            DIRECTOR  
Name            SETTAS JONES, KIRSTIE  
Address        500 BAYVIEW DRIVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            VP  
Name            BOVELNIAK, SIMON  
Address        500 BAYVIEW DRIVE,  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            SECRETARY  
Name            FRANQUI, ELVIE  
Address        500 BAYVIEW DRIVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            DIRECTOR  
Name            LEIBMAN, MICHAEL  
Address        500 BAYVIEW DRIVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            DIRECTOR  
Name            TSINBERG, JOSEPH  
Address        500 BAYVIEW DRIVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

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*I hereby 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 all other like empowered.*

**SIGNATURE:** KATHY HALEY

PRESIDENT

03/15/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	CARDENAS, ANDRES
Address	500 BAYVIEW DRIVE
City-State-Zip:	SUNNY ISLES BEACH FL 33160