

2023 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

02/03/2023

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 VP
Name BOVELNIAK, SIMON
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 SECRETARY
Name FRANQUI, ELVIRA
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 SETTAS JONES, KIRSTIE
Address 500 BAYVIEW DRIVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

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

Title DIRECTOR
Name DONNE, NIGEL
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

02/03/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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