500 BAYVIEW	ncipal Place of Business: DRIVE BEACH, FL 33160		CC303427	0200		
Current Mai	ling Address:					
500 BAYVIE SUNNY ISLI	W DRIVE ES BEACH, FL 33160					
FEI Number: 13-2766132		Certificate of Status Desired: No				
Name and Address of Current Registered Agent:						
SUAREZ, KAR 500 BAYVIEW SUNNY ISLES						
		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.				
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Florida			
	d entity submits this statement for the purpose of changing its regi E: KAREN SUAREZ	stered office or regis		2/01/2016		
		stered office or regis				
	E: KAREN SUAREZ Electronic Signature of Registered Agent	stered office or regis		2/01/2016		
SIGNATURE	E: KAREN SUAREZ Electronic Signature of Registered Agent	stered office or regis		2/01/2016		
SIGNATURE Officer/Dire	E: KAREN SUAREZ Electronic Signature of Registered Agent ctor Detail :		0	2/01/2016		
SIGNATURE Officer/Dire	E: KAREN SUAREZ Electronic Signature of Registered Agent ctor Detail : S	Title	т	2/01/2016		
SIGNATURE Officer/Dire Title Name	E: KAREN SUAREZ Electronic Signature of Registered Agent Ctor Detail : S GALLINELLI, DEBORAH 500 BAYVIEW DRIVE, #224	Title Name	T HALEY, KATHY 500 BAYVIEW DRIVE, #924	2/01/2016		
SIGNATURE Officer/Dire Title Name Address	E: KAREN SUAREZ Electronic Signature of Registered Agent Ctor Detail : S GALLINELLI, DEBORAH 500 BAYVIEW DRIVE, #224	Title Name Address	T HALEY, KATHY 500 BAYVIEW DRIVE, #924	2/01/2016		
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E: KAREN SUAREZ Electronic Signature of Registered Agent Ctor Detail : S GALLINELLI, DEBORAH 500 BAYVIEW DRIVE, #224 SUNNY ISLES BEACH FL 33160	Title Name Address City-State-Zip:	T HALEY, KATHY 500 BAYVIEW DRIVE, #924 SUNNY ISLES BEACH FL 33160	2/01/2016		
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	E: KAREN SUAREZ Electronic Signature of Registered Agent Ctor Detail : S GALLINELLI, DEBORAH 500 BAYVIEW DRIVE, #224 SUNNY ISLES BEACH FL 33160 P	Title Name Address City-State-Zip: Title	T HALEY, KATHY 500 BAYVIEW DRIVE, #924 SUNNY ISLES BEACH FL 33160 VP	2/01/2016		

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: ARLEN HOUSE WEST CONDOMINIUM ASSOCIATION, INC.

DOCUMENT# 723756

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: ERNEST SMITH

Electronic Signature of Signing Officer/Director Detail

02/01/2016 Date

FILED Feb 01, 2016

Secretary of State

CC5034276286