500 BAYVIEW	ncipal Place of Business: DRIVE BEACH, FL 33160			
Current Ma	iling Address:			
	ES BEACH, FL 33160			
FEI Number: 13-2766132			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
SUAREZ, KAR 500 BAYVIEW SUNNY ISLES				
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Florida	
	d entity submits this statement for the purpose of changing its reg E: _KAREN SUAREZ	istered office or regis		1/21/2019
		istered office or regis		
SIGNATUR	E: KAREN SUAREZ	istered office or regis		1/21/2019
SIGNATUR	E: KAREN SUAREZ Electronic Signature of Registered Agent	istered office or regis		1/21/2019
SIGNATUR	E: KAREN SUAREZ Electronic Signature of Registered Agent		0	1/21/2019
SIGNATURI Officer/Dire	E: KAREN SUAREZ Electronic Signature of Registered Agent	Title	O	1/21/2019
SIGNATUR Officer/Dire Title Name	E: KAREN SUAREZ Electronic Signature of Registered Agent ector Detail : S GALLINELLI, DEBORAH 500 BAYVIEW DRIVE, #224	Title Name	0 PRESIDENT HALEY, KATHY 500 BAYVIEW DRIVE, #924	1/21/2019
SIGNATURI Officer/Dire Title Name Address	E: KAREN SUAREZ Electronic Signature of Registered Agent ector Detail : S GALLINELLI, DEBORAH 500 BAYVIEW DRIVE, #224	Title Name Address	0 PRESIDENT HALEY, KATHY 500 BAYVIEW DRIVE, #924	1/21/2019
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	E: KAREN SUAREZ Electronic Signature of Registered Agent <b>Extor Detail :</b> S GALLINELLI, DEBORAH 500 BAYVIEW DRIVE, #224 SUNNY ISLES BEACH FL 33160	Title Name Address City-State-Zip:	0 PRESIDENT HALEY, KATHY 500 BAYVIEW DRIVE, #924 SUNNY ISLES BEACH FL 33160	1/21/2019
SIGNATUR Officer/Dire Title Name Address City-State-Zip: Title	E: KAREN SUAREZ Electronic Signature of Registered Agent Cotor Detail : S GALLINELLI, DEBORAH 500 BAYVIEW DRIVE, #224 SUNNY ISLES BEACH FL 33160 VP	Title Name Address City-State-Zip: Title	0 PRESIDENT HALEY, KATHY 500 BAYVIEW DRIVE, #924 SUNNY ISLES BEACH FL 33160 TREASURER	1/21/2019

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.

PRES

SIGNATURE: KATHY	HALEY

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# 723756

## Entity Name: ARLEN HOUSE WEST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:** 

FILED Jan 21, 2019 Secretary of State 5142307530CC

01/21/2019

Date