

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

DOCUMENT# 726169

**Entity Name:** ARLEN HOUSE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**300 BAYVIEW DRIVE  
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**500 BAYVIEW DRIVE  
SUNNY ISLES BEACH, FL 33160**FEI Number: 13-2770774****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SUAREZ, KAREN  
500 BAYVIEW DRIVE  
MANAGEMENT OFFICE  
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****03/11/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name MOULTON, PETER  
Address 300 BAYVIEW DRIVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title TREASURER  
Name DAVILA GALINDO, MARIA ANA  
Address 300 BAYVIEW DRIVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title VP  
Name WAINICK, STEVEN  
Address 300 BAYVIEW DRIVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title PRESIDENT  
Name PEZZAROSSO, FERNANDO  
Address 300 BAYVIEW DRIVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR  
Name SMITH, ERNEST  
Address 300 BAYVIEW DRIVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR  
Name SHINNICK, JOHN  
Address 300 BAYVIEW DRIVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR  
Name BLOOM, MITCH  
Address 300 BAYVIEW DRIVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR  
Name KLEIN, MURRAY  
Address 300 BAYVIEW DRIVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

**Continues on page 2**

*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: FERNANDO PEZZAROSSO****PRESIDENT****03/11/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MONGE, VAL
Address	300 BAYVIEW DRIVE
City-State-Zip:	SUNNY ISLES BEACH FL 33160