

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727755

Entity Name: ARLEN HOUSE EAST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

100 BAYVIEW DRIVE
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

100 BAYVIEW DRIVE
SUNNY ISLES BEACH, FL 33160

FEI Number: 13-2770784

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE, 11TH FLOOR
CORAL GABLES, FL 33134 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT
Name AMSELEM, ALEX
Address 100 BAYVIEW DR
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR
Name KLAINBAUM, BRONCHA
Address 100 BAYVIEW DR
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title ASST. TREASURER
Name NEMIROVSKY, EDWARD
Address 100 BAYVIEW DR
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title VP
Name VIVAS, FREDDY J
Address 100 BAYVIEW DRIVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title TREASURER
Name QUINTANA, JULIE
Address 100 BAYVIEW DRIVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR
Name LASRY, PHILLIPE
Address 100 BAYVIEW DRIVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR
Name ZAGUSTIN, LARISSA
Address 100 BAYVIEW DRIVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title SECRETARY
Name FRANCOLLA , IVETTE
Address 100 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: IVETTE FRANCOLLA

SECRETARY

02/05/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MACMILLAN, MARCELA
Address 100 BAYVIEW DRIVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR
Name BATES, WILLIAM
Address 100 BAYVIEW DRIVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR
Name FRENKEL, ILDI
Address 100 BAYVIEW DRIVE
City-State-Zip: SUNNY ISLES BEACH FL 33160