

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727755

**Entity Name:** ARLEN HOUSE EAST CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 12, 2024**  
**Secretary of State**  
**7092867659CC**

**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 DIRECTOR  
Name STRHAK, NADIA  
Address 100 BAYVIEW DRIVE  
UNIT 830  
City-State-Zip: SUNNY ISLES BEACH FL 33160

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

Title VP  
Name GROSS, LISA  
Address 100 BAYVIEW DRIVE  
UNIT 1016  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR  
Name ATWATER, JOHN  
Address 100 BAYVIEW DRIVE  
UNIT 1501  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title SECRETARY  
Name GELMAN, IRINA  
Address 100 BAYVIEW DRIVE  
UNIT 1819  
City-State-Zip: SUNNY ISLES BEACH FL 33160

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

Title TREASURER  
Name PULTZER, CURTISS  
Address 100 BAYVIEW DRIVE  
UNIT 1818  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR  
Name ALGAZI, ALBERT  
Address 100 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: LISA GROSS**

**VICE PRESIDENT**

**04/12/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name HECHT, MARK  
Address 100 BAYVIEW DRIVE  
UNIT 602  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title PRESIDENT  
Name BRUGGEMAN, SUSAN  
Address 100 BAYVIEW DRIVE  
UNIT 819  
City-State-Zip: SUUNY ISLES BEACH FL 33160