

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727755

**FILED**  
**Mar 08, 2018**  
**Secretary of State**  
**CC6059155463**

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

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

Title           PRESIDENT  
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           VP  
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

Title           DIRECTOR  
Name           MACMILLAN, MARCELA  
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: FREDDY VIVAS**

**PRESIDENT**

**03/08/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title ASST. TREASURER  
Name FOLTS, LORI  
Address 100 BAYVIEW DRIVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160