FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90196 037 ****61.25

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DOCUMENT # 723756

1. Corporation Name
ARLEN HOUSE WEST COMDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
500 BAYVIEW DRIVE NO. MIAMI BEACH FL 33160	500 BAYVIEW DRIVE NO. MIAMI BEACH FL 33160

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 06/28/1972

4. FEI Number: 13-2766132 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FELDMAN, MICHAEL
1135 KANE CONCOURSE
BAY HABOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WEINER, BENJAMIN		1.2 NAME		
STREET ADDRESS	500 BAYVIEW DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL 33160		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	REISERT, FRED		2.2 NAME		
STREET ADDRESS	500 BAYVIEW DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	ROSENFELD, GENE		3.2 NAME		
STREET ADDRESS	500 BAYVIEW DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BAUM, NORMAN		4.2 NAME		
STREET ADDRESS	500 BAYVIEW DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL 33160		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME			5.2 NAME	SOL KAYE	
STREET ADDRESS			5.3 STREET ADDRESS	500 BAYVIEW DRIVE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE		☐ DELETE	6.1 TITLE	SD	☐ Change ☒ Addition
NAME			6.2 NAME	NOLE WOLF	
STREET ADDRESS			6.3 STREET ADDRESS	500 BAYVIEW DRIVE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: [signature] Vice President 4/26/99 305/794-8723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #