2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723756

FILED
Apr 23, 2000 8:00 am
Secretary of State
04-23-2000 90006 015 ****61.25

1. Entity 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 33160-4780

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FELDMAN, MICHAEL 1135 KANE CONCOURSE BAY HABOR ISLANDS FL 33154	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KAYE, SOL 500 BAYVIEW DRIVE SUNNY ISLES BEACH FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REISERT, FRED 500 BAYVIEW DR N MIAMI BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition SUNNY ISLES BEACH, FL 33160
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROSENFELD, GENE 500 BAYVIEW DRIVE N MIAMI BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition SUNNY ISLES BEACH, FL 33160
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WOLF, NOLE 500 BAYVIEW DRIVE SUNNY ISLES BECH FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALBA, DISTEFANO 500 BAYVIEW DRIVE SUNNY ISLES BEACH, FL 33160 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/14/2K
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #