

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90153 017 \*\*\*\*61.25

**DOCUMENT # 723756**

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



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

Mailing Address  
500 BAYVIEW DRIVE  
NO. MIAMI BEACH, FL 33160

**50020934**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
13-2766132

Applied For  
Not Applicable

Zip

Country

Zip

Country

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  
1111 KANE CONCOURSE  
#200  
BAY HARBOR 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida 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  
AT  
LAWRENCE, ROBERTA  
500 BAYVIEW DR  
SUNNY ISLES BEACH, FL 33160 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ASST. TREASURER  
JACQUELINE BEECK  
500 BAYVIEW DRIVE  
SUNNY ISLES BEACH, FL 33160 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
SMITH, ERNEST  
500 BAYVIEW DR  
SUNNY ISLES BEACH, FL 33160 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
GUERRA, OLGA  
500 BAYVIEW DRIVE  
SUNNY ISLES BECH, FL 33160 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE-PRESIDENT  
ANDRE RISI  
500 BAYVIEW DRIVE  
SUNNY ISLES BEACH, FL 33160 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WEINER, BENJAMIN N  
500 BAYVIEW DRIVE  
SUNNY ISLES, FL 33160 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY  
NELISSA CLAVERIA  
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  
VICE-PRESIDENT, 2ND  
BENJAMIN WORMSER  
500 BAYVIEW DRIVE  
SUNNY ISLES BEACH, FL 33160 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/06 (305) 944-2348