FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 1:51

DOCUMENT # **725460** **(0)**

1. Corporation Name

ARLEN BEACH CONDOMINIUM ASSOCIATION INC

Principal Place of Business	Mailing Address
5701 COLLINS AVENUE MIAMI BEACH FL 33140-2353	5701 COLLINS AVENUE MIAMI BEACH FL 33140-2353

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1973
3a. Date of Last Report: 04/04/1994
4. FEI Number: 13-2776634 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FELDMAN, MICHAEL K ESQ.
1135 KANE CONCOURSE
BAY HARBOR ISLANDS FL

10. Name and Address of New Registered Agent

81 Name: WILLIAM J. SCHOB
82 Street Address (P.O. Box Number is Not Acceptable): 5701 COLLINS AVENUE
83
84 City: MIAMI BEACH, FL 85 Zip Code: 33140

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] MANAGER [signature] 02/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P.	☒ Change ☐ Addition
NAME	FERNANDEZ, JUAN	1.2 NAME	MIMI F. SWIDLER	
STREET ADDRESS	5701 COLLINS AVENUE	1.3 STREET ADDRESS	5701 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	MIMAI BCH FL	
TITLE	T	2.1 TITLE	T.	☒ Change ☐ Addition
NAME	KANTROWITZ, DOLORES	2.2 NAME	SYLVIA KAPLAN	
STREET ADDRESS	5701 COLLINS AVE	2.3 STREET ADDRESS	5701 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	MIAMI BCH FL	
TITLE	DS	3.1 TITLE	S.	☒ Change ☐ Addition
NAME	PENER, KATHERINE	3.2 NAME	DR. JORDAN COHN	
STREET ADDRESS	5701 COLLINS AVE	3.3 STREET ADDRESS	5701 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL	3.4 CITY-ST-ZIP	MIAMI BCH FL	
TITLE	V	4.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	SWIDLER, MIMI F.	4.2 NAME	DOLORES KANTROWITZ	
STREET ADDRESS	5701 COLLINS AVE	4.3 STREET ADDRESS	5701 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL	4.4 CITY-ST-ZIP	MIAMI BCH FL	
TITLE	D	5.1 TITLE	D.	☒ Change ☐ Addition
NAME	FALIN, JAMES R.	5.2 NAME	JOSEPH SACHS	
STREET ADDRESS	5701 COLLINS AVE	5.3 STREET ADDRESS	5701 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL	5.4 CITY-ST-ZIP	MIAMI BCH FL	
TITLE	D	6.1 TITLE	D.	☒ Change ☐ Addition
NAME	KAPLAN, SYLVIA	6.2 NAME	ROBERT MINDLIN	
STREET ADDRESS	5701 COLLINS AVE	6.3 STREET ADDRESS	5701 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL	6.4 CITY-ST-ZIP	MIAMI BCH FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: X [signature] DR. JORDAN A. COHN 02/13/95 865-4711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #