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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

3. Date Incorporated or Qualified: 02/05/1973
3a. Date of Last Report: 04/30/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~SOHOB, WILLIAM J~~
~~5701 COLLINS AVENUE~~
~~MIAMI BEACH FL 33140~~

10. Name and Address of New Registered Agent

81 Name: Thomas L. Garrigan
82 Street Address (P.O. Box Number is Not Acceptable): 5701 Collins Ave.
83
84 City: Miami Bch, **FL** 85 Zip Code: 33140

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 X Thomas L. Garrigan Thomas L. Garrigan, Manager 4/18/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P VINAS, ANTHONY G. 5701 COLLINS AVENUE MIAMI BCH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KAPLAN, SYLVIA 5701 COLLINS AVE MIAMI BCH FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition TREASURER FRANK ALVAREZ 5701 COLLINS AVE MIAMI BCH, FL 33140
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COHN, JORDAN D 5701 COLLINS AVE MIAMI BCH FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	☐ Change ☒ Addition SECRETARY KATHERINE PENER 5701 COLLINS AVE MIAMI BCH, FL 33140
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KAPLAN, SYLVIA 5701 COLLINS AVE MIAMI BCH FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition VICE PRESIDENT RAUL ALFONSO 5701 COLLINS AVE MIAMI BCH, FL 33140
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SACHS, JOSEPH 5701 COLLINS AVE MIAMI BCH FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHN, DR. JORDAN 5701 COLLINS AVE MIAMI BCH FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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.

SIGNATURE: X [signature] REQUIRED Anthony Vinas, President 4/18/97 #865-4711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0029629