FILE NOW: FILING FEE IS $61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State
04-14-1999 90026 031 ****61.25

000588

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **725460**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/05/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 13-2776634 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARRIGAN, THOMAS L 5701 COLLINS AVE MIAMI BCH FL 33140	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 Thomas L. Garrigan MANAGER 4/7/99
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	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	VINAS, ANTHONY G.		1.2 NAME	ALVAREZ, FRANK	
STREET ADDRESS	5701 COLLINS AVENUE		1.3 STREET ADDRESS	5701 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL		1.4 CITY-ST-ZIP	MIAMI BCH, FL	
TITLE	T	☒ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	ALVAREZ, FRANK		2.2 NAME	ESTRADA, KAREN	
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	S	☒ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	PENER, KATHERINE		3.2 NAME	COHN, DR. JORDAN	
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	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	PEDRE, LAURA		4.2 NAME	FALIN, RUBEN	
STREET ADDRESS	5701 COLLINS AVE		4.3 STREET ADDRESS	5701 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP	MIAMI BCH, FL	
TITLE	VP	☒ DELETE	5.1 TITLE	VP	☒ Change ☐ Addition
NAME	SACHS, JOSEPH		5.2 NAME	PEONE, LAURA	
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	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	COHN, DR. JORDAN		6.2 NAME	VINAS, ANTHONY G.	
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	

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: Karen L. Estrada KAREN L. ESTRADA 4/7/99 (305) 865-4711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #