2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State
02-18-2004 90002 018 ****61.25

DOCUMENT # 725460

1. Entity 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

J42000703

MOORE CR2E037 (11/03)

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 13-2776634 ☐ 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
SPIVAK, MERRIL 5701 COLLINS AVE C/O ARLEN BEACH CONDO ASSOC. MIAMI BEACH FL 33140	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 _____ 2/9/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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	VP BAEZ, JESUS J JR 5701 COLLINS AVENUE MIAMI BEACH FL 33140-2353	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Humberto Rodriguez, Pres 5701 Collins Ave. Miami Bch. Fl.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALVAREZ, FRANK 5701 COLLINS AVENUE MIAMI BEACH FL 33140-2353	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Carlos Rodriguez, TRE 5701 Collins Ave. Miami Bch. Fl. 3	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RODRIGUEZ-CHOMAT, JORGE 5701 COLLINS AVENUE MIAMI BEACH FL 33140-2353	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hellis Miido, Sec 5701 Collins Ave. Miami Bch	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KRAMER, STEVEN M 5701 COLLINS AVE, #719 MIAMI BEACH FL 33140-2353	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jordan Conn, DR. 5701 Collins Ave Miami Bch	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NAVARRO, GILBERTO 5701 COLLINS AVENUE MIAMI BEACH FL 33140-2353	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Eliosa Menes, Dir 5701 Collins Ave. Miami Bch	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASFERRRER, ROLANDO 5701 COLLINS AVENUE MIAMI BEACH FL 33140-2353	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Justo Gomez, Dir. 5701 Collins Ave. Miami Bch	☐ Change ☒ Addition

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: _____ 2/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #