

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90219 034 ****61.25

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DOCUMENT # 725460 1. Entity Name ARLEN BEACH CONDOMINIUM ASSOCIATION INC					
Principal Place of Business 5701 COLLINS AVENUE MIAMI BEACH, FL 33140-2353			Mailing Address 5701 COLLINS AVENUE MIAMI BEACH, FL 33140-2353		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		02212005 Chg-NP CR2E037 (10/03)	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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	P	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	RODRIGUEZ, HUMBERTO		NAME		
STREET ADDRESS	5701 COLLINS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 331402353		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RODRIGUEZ, CARLOS		NAME		
STREET ADDRESS	5701 COLLINS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 331402353		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	MIIDO, HELLIS		NAME		
STREET ADDRESS	5701 COLLINS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 331402353		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	COHN, JORDAN		NAME		
STREET ADDRESS	5701 COLLINS AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 331402353		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	NAVARRO, GILBERTO		NAME		
STREET ADDRESS	5701 COLLINS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 331402353		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MENES, ELIOSA		NAME		
STREET ADDRESS	5701 COLLINS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 331402353		CITY-ST-ZIP		
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: Rolando P. MASFERRER - Secretary					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		