

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 22 AM 10:05

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		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 SPIVAK, MERRIL 5701 COLLINS AVE C/O ARLEN BEACH CONDO ASSOC. MIAMI BEACH, FL 33140			7. Name and Address of New Registered Agent 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 reinstating) DATE					
Amended AR is \$61.25		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	P GOMEZ, JUSTO 5701 COLLINS AVENUE #1621 MIAMI BEACH, FL 331402353	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P QUINTANA, SILVIA 5701 COLLINS AVE. #1512 MIAMI Bch, FL 33140	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHOMAT-RODRIGUEZ, JORGE 5701 COLLINS AVENUE #1221 MIAMI BEACH, FL 331402353	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GUSTI, CARLOS 5701 COLLINS AVE #1215 MIAMI Bch, FL 33140	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MASFERRER, ROLANDO P 5701 COLLINS AVENUE #810 MIAMI BEACH, FL 331402353	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR CHOMAT-RODRIGUEZ, JORGE 5701 COLLINS AVE #1221 MIAMI Bch	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR GUSTI, CARLOS 5701 COLLINS AVE #1215 MIAMI BEACH, FL 33140	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. GOMEZ, JUSTO 5701 COLLINS AVE #1621 MIAMI Bch.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NAJA, GIOVANNI 5701 COLLINS AVE #814 MIAMI BEACH, FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TARAYNO, JESUS 5701 COLLINS AVE #1819 MIAMI Bch, FL.	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUINTANA, SILVIA 5701 COLLINS AVE #1512 MIAMI BEACH, FL 33140	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600058967946 08/25/05--01045--009 **61.25	
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: <i>S. Quintana</i>			(305) 947-3999 (305) 805-4711		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		