2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State
03-03-2006 90109 025 ****61.25

DOCUMENT # 725460

1. Entity Name
ARLEN BEACH CONDOMINIUM ASSOCIATION INC

400263006

Principal Place of Business	Mailing Address
5701 COLLINS AVENUE MIAMI BEACH, FL 33140-2353	5701 COLLINS AVENUE MIAMI BEACH, FL 33140-2353

02232006 Chg-NP CR2E037 (11/05)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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 QUINTANA, SILVIA 5701 COLLINS AVENUE, #1512 MIAMI BEACH, FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Gomez, Justo President 5701 Collins Ave #1621 Miami Beach FL 33140-2353	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GUSTI, CARLOS 5701 COLLINS AVENUE, #1215 MIAMI BEACH, FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Kramer, Steven M., V.P. 5701 Collins Ave. #1709 Miami Beach FL-33140-2353	☒ 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	T Pedre, Laura Treasurer 5701 Collins Ave #1505 Miami Beach FL 33140-2353	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR CHOMAT-RODRIGUEZ, JORGE 5701 COLLINS AVENUE#1221 MIAMI BEACH, FL 331402353	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Virue, Roberto Secretary 5701 Collins Ave #1017 Miami Beach FL 33140-2353	☒ 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 De La Cruz, Augusto DIRECTOR 5701 Collins Ave #1007 MIAMI BEACH FL 33140-2353	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOMEZ, JUSTO 5701 COLLINS AVENUE, #1621 MIAMI BEACH, FL 331402353	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Duran, Roberto, Director 5701 Collins Ave #515 Miami Beach FL 33140-2353	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Justo E. Gomez PRESIDENT 2-24-06 305-861-4711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 725460

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ARLEN BEACH CONDOMINIUM ASSOCIATION INC

ATTACHMENT

400236602

[redacted]

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SIGNATURE: Justo E. Gomez President 2-26-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #