

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725460

FILED
Feb 28, 2011
Secretary of State

Entity Name: ARLEN BEACH CONDOMINIUM ASSOCIATION INC

Current Principal Place of Business:

5701 COLLINS AVENUE
C/O ARLEN BEACH CONDOMINIUM ASS
MIAMI BEACH, FL 331402353

New Principal Place of Business:

5701 COLLINS AVENUE
C/O ARLEN BEACH CONDOMINIUM ASSOC.
MIAMI BEACH, FL 331402353 US

Current Mailing Address:

5701 COLLINS AVENUE
C/O ARLEN BEACH CONDOMINIUM ASS
MIAMI BEACH, FL 331402353

New Mailing Address:

5701 COLLINS AVENUE
C/O ARLEN BEACH CONDOMINIUM ASSOC.
MIAMI BEACH, FL 331402353 US

FEI Number: 13-2776634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAGE, GLADYS F MGR
5701 COLLINS AVE
C/O ARLEN BEACH CONDO ASSOC.
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

ROCA, MARIA M MGR
5701 COLLINS AVE
C/O ARLEN BEACH CONDO ASSOC.
MIAMI BEACH, FL 33140 US

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.

SIGNATURE: MARIA M ROCA

02/28/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SARDINA, JOSE
Address: 5701 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 331402353

Title: VP
Name: HERNANDEZ, JOSE
Address: 5701 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: T
Name: YERO, HUMBERTO
Address: 5701 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 331402353

Title: S
Name: MENES, ELOISA
Address: 5701 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 331402353

Title: D
Name: ROBBINS, ALAN
Address: 5701 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D
Name: HERRERA, JULIA
Address: 5701 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 331402353

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSE SARDINA

P

02/28/2011

Electronic Signature of Signing Officer or Director

Date