

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 726169 (6)  
1. Corporation Name  
**ARLEN HOUSE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**300 BAYVIEW DR. N. MIAMI BEACH FL 33160** **300 BAYVIEW DR. N. MIAMI BEACH FL 33160**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

APPROVED AND FILED  
95 MAY -1 PM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/19/1973** 3a. Date of Last Report **04/28/1994**

4. FEI Number **13-2770774** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**FELDMAN, MICHAEL K.  
1135 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LIPTON, ARTHUR
STREET ADDRESS	300 BAYVIEW DRIVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	VD
NAME	EMMETT, RALPH
STREET ADDRESS	300 BAYVIEW DRIVE
CITY-ST-ZIP	NORTH MIAMI BCH FL
TITLE	VD
NAME	SHERAY, ETTA
STREET ADDRESS	300 BAYVIEW DRIVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	SD
NAME	WAINICK, JOAN
STREET ADDRESS	300 BAYVIEW DRIVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	TD
NAME	WALD, HOWARD
STREET ADDRESS	300 BAYVIEW DR.
CITY-ST-ZIP	MIAMI BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOLDSTEIN, LEO	
1.3 STREET ADDRESS	SAME	
1.4 CITY-ST-ZIP		
2.1 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COAN, GEORGE	
2.3 STREET ADDRESS	SAME	
2.4 CITY-ST-ZIP		
3.1 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GUTTMAN, LEROY	
3.3 STREET ADDRESS	SAME	
3.4 CITY-ST-ZIP		
4.1 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROBERG, MITZI	
4.3 STREET ADDRESS	SAME	
4.4 CITY-ST-ZIP		
5.1 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROSE, MURRAY	
5.3 STREET ADDRESS	SAME	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment to an address.

SIGNATURE: *Murray Rose* **MURRAY ROSE** 4-25-95 (305) 944-2348  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #