

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathis  
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**

3. Date Incorporated or Qualified **04/19/1973** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>13-2770774</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent <b>FELDMAN, MICHAEL K. 1135 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154</b>		10. Name and Address of New Registered Agent	
81	Name	82	Street Address (P.O. Box Number is Not Acceptable)
83		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>PRESIDENT / D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDSTEIN, LEO</b>	1.2 NAME	<b>SAM KRUGER</b>
STREET ADDRESS	<b>300 BAYVIEW DRIVE</b>	1.3 STREET ADDRESS	<b>300 BAYVIEW DRIVE</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	1.4 CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33160</b>
TITLE	<b>VD</b>	2.1 TITLE	<b>VICE-PRESIDENT / D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COAN, GEORGE</b>	2.2 NAME	<b>ALAN GREENWALD</b>
STREET ADDRESS	<b>300 BAYVIEW DRIVE</b>	2.3 STREET ADDRESS	<b>300 BAYVIEW DRIVE</b>
CITY-ST-ZIP	<b>NORTH MIAMI BCH FL</b>	2.4 CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL</b>
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUTTMAN, LEROY</b>	3.2 NAME	
STREET ADDRESS	<b>300 BAYVIEW DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERG, MITZI</b>	4.2 NAME	<b>700001836527</b>
STREET ADDRESS	<b>300 BAYVIEW DRIVE</b>	4.3 STREET ADDRESS	<b>05/23/98 01024 000</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	4.4 CITY-ST-ZIP	<b>***161.25</b>
TITLE	<b>TD</b>	5.1 TITLE	<b>TREASURER / D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSE, MURRAY</b>	5.2 NAME	<b>JOAN WAINICK</b>
STREET ADDRESS	<b>300 BAYVIEW DR.</b>	5.3 STREET ADDRESS	<b>300 BAYVIEW DRIVE</b>
CITY-ST-ZIP	<b>MIAMI BCH FL</b>	5.4 CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33160</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **4/23/96** (305) 944-2348  
SIGNATURE AND TYPE (OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) **SAM KRUGER, PRESIDENT/DIRECTOR** Date Daytime Phone #

CR2E037 (12/95)