

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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. NORTH MIAMI BEACH FL 33160 **300 BAYVIEW DR. NORTH MIAMI BEACH FL 33160-4773**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/19/1973		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-2770774		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	Zip	28	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRUGER, SAM			1.2 NAME	<i>AKG</i>		
STREET ADDRESS	300 BAYVIEW DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160			1.4 CITY-ST-ZIP			
TITLE	V/D	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENWOOD, ALAN			2.2 NAME	GREENWALD, ALAN		
STREET ADDRESS	300 BAYVIEW DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUTTMAN, LEROY			3.2 NAME			
STREET ADDRESS	300 BAYVIEW DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERG, MITZI			4.2 NAME			
STREET ADDRESS	300 BAYVIEW DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160			4.4 CITY-ST-ZIP			
TITLE	T/D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAINICK, JOAN			5.2 NAME			
STREET ADDRESS	300 BAYVIEW DR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ DATE **4/30/97**

CR2E037 (9/96)