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Secretary of State

04-26-1999 90206 001 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **726169**

Corporation Name
ARLEN HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**BAYVIEW DR
 MIAMI BEACH FL 33160**

Mailing Address
**300 BAYVIEW DR.
 NORTH MIAMI BEACH FL 33163**



Principal Place of Business	26. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number
City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/>
Zip	29. Zip	6. Election Campaign Financing <input type="checkbox"/>
Country	30. Country	

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

**FELDMAN, MICHAEL K.
 1135 KANE CONCOURSE
 BAY HARBOR ISLANDS FL 33154**

I, 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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12																															
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I 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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

4/23/99 (305) 944-2348

CR2E037 (1/198)