

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90006 014 ****61.25

DOCUMENT # 726169

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2770774

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **GREENWALD, ALAN**
 STREET ADDRESS **300 BAYVIEW DR.**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE **PD** Change Addition
 NAME **CHARLES ZUCKER**
 STREET ADDRESS **300 BAYVIEW DRIVE**
 CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE **VD** Delete
 NAME **GUTTMAN, LEROY**
 STREET ADDRESS **300 BAYVIEW DR.**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE **TD** Delete
 NAME **ROBERG, MITZI**
 STREET ADDRESS **300 BAYVIEW DR.**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE **SD** Delete
 NAME **WAINICK, JOAN**
 STREET ADDRESS **300 BAYVIEW DR.**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE **SD** Change Addition
 NAME **JACQUELINE FRANK**
 STREET ADDRESS **300 BAYVIEW DRIVE**
 CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/14/00 (305) 944-2348
 Date Daytime Phone #

CR2E037 (9/99)