


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90185 042 \*\*\*\*61.25

**DOCUMENT # 726169**

1. Entity Name  
**ARLEN HOUSE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**300 BAYVIEW DR.  
 NORTH MIAMI BEACH, FL 33160**

Mailing Address  
**300 BAYVIEW DR.  
 NORTH MIAMI BEACH, FL 33160**

**50044979**



01212005 Chg-NP CR2E037 (10/03)

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELDMAN, MICHAEL K.  
 1111 KANE CONCOURSE #200  
 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **AST**  Delete  
 NAME **SCHWARTZ, JERRY**  
 STREET ADDRESS **300 BAYVIEW DR.**  
 CITY-ST-ZIP **MIAMI, FL 33160**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **FRANK, JOEL S**  
 STREET ADDRESS **300 BAYVIEW DR.**  
 CITY-ST-ZIP **SUNNY ISLE BEACH, FL 33160**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **2VP**  Delete  
 NAME **ZUCKER, CHARLES M**  
 STREET ADDRESS **300 BAYVIEW DR**  
 CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

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

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: *Jerry M. Schwartz - Ass. Sec. Treasurer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/05* *305-947-4899*  
 Date Daytime Phone #