

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/8/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # 727755 (1)
 1. Corporation Name
ARLEN HOUSE EAST CONDOMINIUM ASSOCIATION, INC.

25 JUN 14 AM 9:21

Principal Place of Business Mailing Address
 100 BAY VIEW DRIVE NORTH MIAMI BEACH FL 33160
 100 BAY VIEW DRIVE NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/10/1973** 3a. Date of Last Report **03/08/1994**
 4. FEI Number **13-2770784** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
 8. This corporation has liability for intangible tax under s. 199.039, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 29 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
**FELDMAN, MICHAEL K.
 NELSON & FELDMAN, P.A.
 1135 KANE CONCOURSE
 BAY HARBOR ISLANDS FL**

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

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 signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CERVENY, EDWARD
STREET ADDRESS	100 BAY VIEW DR
CITY - ST - ZIP	MIAMI BCH FL
TITLE	PD
NAME	BLAU, SEYMOUR
STREET ADDRESS	100 BAY VIEW DR
CITY - ST - ZIP	MIAMI BCH FL
TITLE	VD
NAME	HANLEY, HEATHER
STREET ADDRESS	100 BAY VIEW DR
CITY - ST - ZIP	MIAMI BCH FL
TITLE	TD
NAME	LABERGE, MARTIN D
STREET ADDRESS	100 BAY VIEW DR
CITY - ST - ZIP	MIAMI BCH FL
TITLE	TD
NAME	ALEX SCHVIMER
STREET ADDRESS	100 BAY VIEW DR
CITY - ST - ZIP	MIAMI BCH FL
TITLE	SD
NAME	WEINMAN, KAY
STREET ADDRESS	100 BAY VIEW DR
CITY - ST - ZIP	MIAMI BCH FL
TITLE	D
NAME	KONDRAT, VLADIMIR
STREET ADDRESS	100 BAY VIEW DR
CITY - ST - ZIP	MIAMI BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1 2 NAME	GASTON GAGNON	
1 3 STREET ADDRESS	100 BAYVIEW DR	
1 4 CITY - ST - ZIP	MIAMI BCH, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2 1 TITLE	D	
2 2 NAME	JON NEUHAUS	
2 3 STREET ADDRESS	100 BAYVIEW DR	
2 4 CITY - ST - ZIP	MIAMI BEACH, FL.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3 1 TITLE	D	
3 2 NAME	JACK SILVERMAN	
3 3 STREET ADDRESS	100 BAYVIEW DR.	
3 4 CITY - ST - ZIP	MIAMI BCH, FL.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4 1 TITLE	D	
4 2 NAME	ISRAEL VIEZEL	
4 3 STREET ADDRESS	100 BAYVIEW DR.	
4 4 CITY - ST - ZIP	MIAMI BEACH, FL.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5 1 TITLE	D.	
5 2 NAME	HARVEY ZINBERG	
5 3 STREET ADDRESS	100 BAYVIEW DR.	
5 4 CITY - ST - ZIP	MIAMI BCH, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6 1 TITLE		
6 2 NAME		
6 3 STREET ADDRESS		
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 110.07(2)(A), 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, unchanged, or on an attachment with the address

SIGNATURE: *Seymour Blau, Pres.* 6/8/95 944-3463
 SEYMOUR BLAU OFFICE

CR2E037 (3/95)