

FILE NOW: FILING FEE IS \$61.25

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Mar 10 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 # 727755 (1)  
1. Corporation Name  
ARLEN HOUSE EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
100 BAY VIEW DRIVE NORTH MIAMI BEACH FL 33160  
100 BAY VIEW DRIVE NORTH MIAMI BEACH FL 33160-4781

3. Date Incorporated or Qualified 10/10/1973  
3a. Date of Last Report 06/17/1996  
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  
8. This corporation has liability for intangible tax under s. 199.032, 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 28 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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE D DELETE  
NAME GAGNON, GASTON  
STREET ADDRESS 100 BAY VIEW DR  
CITY-ST-ZIP MIAMI BCH FL  
TITLE VD DELETE  
NAME HANLEY, HEATHER  
STREET ADDRESS 100 BAYVIEW DRIVE #2126  
CITY-ST-ZIP NORTH MIAMI BEACH FL  
TITLE D DELETE  
NAME SILVERMAN, JACK  
STREET ADDRESS 100 BAY VIEW DR  
CITY-ST-ZIP MIAMI BCH FL  
TITLE D DELETE  
NAME KONDRAT, VLADIMIR  
STREET ADDRESS 100 BAYVIEW DRIVE #1122  
CITY-ST-ZIP MIAMI BCH FL  
TITLE D DELETE  
NAME ZINBERG, HARVEY  
STREET ADDRESS 100 BAY VIEW DR  
CITY-ST-ZIP MIAMI BCH FL  
TITLE TD DELETE  
NAME SCHVIMER, ALEX  
STREET ADDRESS 100 BAY VIEW DRIVE  
CITY-ST-ZIP MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE P.D. Change Addition  
1.2 NAME BLAU SEYMOUR  
1.3 STREET ADDRESS 100 bayview drive #2017  
1.4 CITY-ST-ZIP North MIAMI BEACH, FL 33160  
2.1 TITLE S.D. Change Addition  
2.2 NAME WEINMAN KAY  
2.3 STREET ADDRESS 100 BAYVIEW DRIVE #308  
2.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160  
3.1 TITLE D. Change Addition  
3.2 NAME MAX BERLINER  
3.3 STREET ADDRESS 100 BAYVIEW DRIVE #828  
3.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160  
4.1 TITLE D. Change Addition  
4.2 NAME FRIEDLANDER MARIANNE  
4.3 STREET ADDRESS 100 BAYVIEW DRIVE, 1131  
4.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160  
5.1 TITLE D Change Addition  
5.2 NAME EDWARD CERVENY  
5.3 STREET ADDRESS 100 BAYVIEW DRIVE # 1531  
5.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160  
6.1 TITLE Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: Seymour Blau Pres. 3/5/97 (305) 947-7307  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone # 0031549

CR2E037 (9/96)