

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 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 <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAGNON, GASTON	1.2 NAME	BLAU SEYMOUR
STREET ADDRESS	100 BAY VIEW DR	1.3 STREET ADDRESS	100 bayview drive #2017
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	S.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANLEY, HEATHER	2.2 NAME	WEINMAN KAY
STREET ADDRESS	100 BAYVIEW DRIVE #2126	2.3 STREET ADDRESS	100 BAYVIEW DRIVE #308
CITY-ST-ZIP	NORTH MIAMI BEACH FL	2.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVERMAN, JACK	3.2 NAME	MAX BERLINER
STREET ADDRESS	100 BAY VIEW DR	3.3 STREET ADDRESS	100 BAYVIEW DRIVE #828
CITY-ST-ZIP	MIAMI BCH FL	3.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KONDRAT, VLADIMIR	4.2 NAME	FRIEDLANDER MARIANNE
STREET ADDRESS	100 BAYVIEW DRIVE #1122	4.3 STREET ADDRESS	100 BAYVIEW DRIVE, 1131
CITY-ST-ZIP	MIAMI BCH FL	4.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZINBERG, HARVEY	5.2 NAME	EDWARD CERVENY
STREET ADDRESS	100 BAY VIEW DR	5.3 STREET ADDRESS	100 BAYVIEW DRIVE # 1531
CITY-ST-ZIP	MIAMI BCH FL	5.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHVIMER, ALEX	6.2 NAME	
STREET ADDRESS	100 BAY VIEW DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031549

CR2E037 (9/96)