

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

**FILED**

**Apr 01 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727755 (1)**  
 Corporation Name  
**ARLEN HOUSE EAST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>100 BAY VIEW DRIVE NORTH MIAMI BEACH FL 33160</b>	Mailing Address <b>100 BAY VIEW DRIVE NORTH MIAMI BEACH FL 33160</b>
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3. Date Incorporated or Qualified <b>10/10/1973</b>		
4. FEI Number <b>13-2770784</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <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	28. Zip
24. Country	29. Country
25.	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	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 reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GAGNON, GASTON</b>	
STREET ADDRESS	<b>100 BAY VIEW DR</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>HANLEY, HEATHER</b>	
STREET ADDRESS	<b>100 BAYVIEW DRIVE #2126</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SILVERMAN, JACK</b>	
STREET ADDRESS	<b>100 BAY VIEW DR</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KONDRAT, VLADIMIR</b>	
STREET ADDRESS	<b>100 BAYVIEW DRIVE #1122</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ZINBERG, HARVEY</b>	
STREET ADDRESS	<b>100 BAY VIEW DR</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHVIMER, ALEX</b>	
STREET ADDRESS	<b>100 BAY VIEW DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SEYMOUR BLAU</b>	
1.3 STREET ADDRESS	<b>100 BAYVIEW DRIVE # 2017</b>	
1.4 CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33160</b>	
2.1 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>HANLEY HEATHER</b>	
2.3 STREET ADDRESS	<b>100 BAYVIEW DRIVE #2126</b>	
2.4 CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33160</b>	
3.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>KAY WEINMAN</b>	
3.3 STREET ADDRESS	<b>100 BAYVIEW DRIVE #308</b>	
3.4 CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33160</b>	
4.1 TITLE	<b>TREASURE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>ALEX SCHVIMER</b>	
4.3 STREET ADDRESS	<b>100 BAYVIEW DIRVE #1710</b>	
4.4 CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33160</b>	
5.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>MARIANNE FRIEDLANDER</b>	
5.3 STREET ADDRESS	<b>100 BAYVIEW DRIVE # 1131</b>	
5.4 CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33160</b>	
6.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>GASTON GAGNON</b>	
6.3 STREET ADDRESS	<b>100 BAYVIEW DRIVE #1703</b>	
6.4 CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33160</b>	

14. 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 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 3/5/98 944-3413*

CR2E037 (10/97)