


**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90068 017 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # 727755</b> 1. Corporation Name <b>ARLEN HOUSE EAST CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 100 BAYVIEW DRIVE NORTH MIAMI BEACH FL 33160			Mailing Address 100 BAYVIEW DRIVE NORTH MIAMI BEACH FL 33160		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/10/1973 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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>FELDMAN, MICHAEL K.</b> <b>NELSON &amp; FELDMAN, P.A.</b> <b>1135 KANE CONCOURSE</b> <b>BAY HARBOR ISLANDS FL</b>			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 re-registering) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	BLAU, SEYMOUR				
STREET ADDRESS	100 BAYVIEW DRIVE # 2017				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	HANLEY, HEATHER				
STREET ADDRESS	100 BAYVIEW DRIVE #2126				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	WEINMAN, KAY				
STREET ADDRESS	100 BAYVIEW DRIVE #308				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	SCHVIMER, ALEX				
STREET ADDRESS	100 BAYVIEW DRIVE #1710				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	FREIDLANDER, MARIANNE				
STREET ADDRESS	100 BAYVIEW DRIVE #1131				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	GAGNON, GASTON				
STREET ADDRESS	100 BAYVIEW DRIVE # 1703				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Seymour Blau, Pres.*  
**SEYMOUR BLAU, PRES.**

Date

Daytime Phone #

3/29/99 (305) 944-3453

CR2E037 (1198)