

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90499 048 ***61.25

0041867

DOCUMENT # 727755

1. Entity Name

ARLEN HOUSE EAST CONDOMINIUM ASSOCIATION, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2770784

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELDMAN, MICHAEL K.
 NELSON & FELDMAN, P.A.
 1135 KANE CONCOURSE
 BAY HARBOR ISLANDS FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P	<input type="checkbox"/> Delete
STREET ADDRESS	BLAU, SEYMOUR	
CITY-ST-ZIP	100 BAYVIEW DRIVE # 2017 NORTH MIAMI BEACH FL 33160	
TITLE NAME	VP	<input type="checkbox"/> Delete
STREET ADDRESS	HANLEY, HEATHER	
CITY-ST-ZIP	100 BAYVIEW DRIVE #2126 NORTH MIAMI BEACH FL 33160	
TITLE NAME	S	<input type="checkbox"/> Delete
STREET ADDRESS	FREIDLANDER, MARIANNE	
CITY-ST-ZIP	100 BAYVIEW DR # 1131 NORTH MIAMI BEACH FL 33160	
TITLE NAME	T	<input type="checkbox"/> Delete
STREET ADDRESS	SCHVIMER, ALEX	
CITY-ST-ZIP	100 BAYVIEW DRIVE #1710 NORTH MIAMI BEACH FL 33160	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	ROSENFELDT, SONIA	
CITY-ST-ZIP	100 BAYVIEW DR APT 1714 NORTH MIAMI BEACH FL 33160	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	CERVENG, MARILYN	
CITY-ST-ZIP	100 BAYVIEW DR APT 1531 NORTH MIAMI BEACH FL 33160	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	FRIEDLANDER, MARIANNE	
CITY-ST-ZIP	100 Bayview DR #1131 North Miami Beach, FL 33160	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ROSENFELD, SONIA	
CITY-ST-ZIP	100 Bayview DR.#1714 North Miami Beach, FL 33160	
TITLE NAME	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CERVENY, MARILYN	
CITY-ST-ZIP	100 Bayview Dr.# 1531 North Miami Beach, FL 33160	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Seymour Blau SEYMOUR BLAU 3/8/01 305-944-3453

CR2E037 (10/00)