

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90083 002 ****61.25

0025408

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 <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
|------------------------------------|---|--|

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

| | | |
|----------------|--------------------------------------|--|
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | REAL GAUDREAU | |
| STREET ADDRESS | 100 BAYVIEW DRIVE # 1826 | |
| CITY-ST-ZIP | SUNNY ISLES, FL 33160 | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ALAN WINSTON | |
| STREET ADDRESS | 100 BAYVIEW DRIVE # 504 | |
| CITY-ST-ZIP | SUNNY ISLES, FL 33160 | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JENNIFER OLEMBERG | |
| STREET ADDRESS | 100 BAYVIEW, DRIVE #1726-1727 | |
| CITY-ST-ZIP | SUNNY ISLES, FL 33160 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | THOMAS L. ROGERS | |
| STREET ADDRESS | 100 BAYVIEW DRIVE # 1725 | |
| CITY-ST-ZIP | SUNNY ISLES, FL 33160 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SEYMOUR BLAU | |
| STREET ADDRESS | 100 BAYVIEW DRIVE # 2017 | |
| CITY-ST-ZIP | SUNNY ISLES, FL 33160 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ABEL A. CAMPS | |
| STREET ADDRESS | 100 BAYVIEW DRIVE # 1506 | |
| CITY-ST-ZIP | SUNNY ISLES, 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 ~~the~~ empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 3-8-02 x

CR2E037 (9/01)