



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90074 006 ****70.00

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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FELDMAN, MICHAEL K. MICHAEL K. FELDMAN, P.A. 1111 KANE CONCOURSE SUITE 200 BAY HARBOR ISLANDS, FL 33154				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
9. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINSTON, ALAN		NAME	Okurliand-Pack, Yda	
STREET ADDRESS	100 BAYVIEW DR., #504		STREET ADDRESS	100 Bayview Drive # 1526	
CITY-ST-ZIP	SUNNY ISLES, FL 33160		CITY-ST-ZIP	Sunny Isles, FL. 33160	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINSTON, ALAN		NAME	Ramirez, Ana	
STREET ADDRESS	100 BAYVIEW DR # 504		STREET ADDRESS	100 Bayview Drive # PH-24	
CITY-ST-ZIP	SUNNY ISLES, FL 33160		CITY-ST-ZIP	Sunny Isles, FL. 33160	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLEMBERG, JENNIFER		NAME	Rogers, Thomas L.	
STREET ADDRESS	100 BAYVIEW DR # 1726-1727		STREET ADDRESS	100 Bayview Drive # 1725	
CITY-ST-ZIP	SUNNY ISLES, FL 33160		CITY-ST-ZIP	Sunny Isles, FL. 33160	
TITLE	AT	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, THOMAS L		NAME	Silverman, Jack	
STREET ADDRESS	100 BAYVIEW DR # 1725		STREET ADDRESS	100 Bayview Drive # 408	
CITY-ST-ZIP	SUNNY ISLES, FL 33160		CITY-ST-ZIP	Sunny Isles, FL. 33160	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANLEY, HEATHER		NAME	Olemborg, Jennifer	
STREET ADDRESS	100 BAYVIEW DR, #2126		STREET ADDRESS	100 Bayview Drive # 1726-1727	
CITY-ST-ZIP	SUNNY ISLES, FL 33160		CITY-ST-ZIP	Sunny Isles, FL. 33160	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPS, ABEL A		NAME	Friedlander, Marianne	
STREET ADDRESS	100 BAYVIEW DR # 1506		STREET ADDRESS	100 Bayview Drive # 1131	
CITY-ST-ZIP	SUNNY ISLES, FL 33160		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 like empowered.					
SIGNATURE: X <u>Alan Winston</u>			02-28-05		305-944-3453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 727755 1. Entity Name ARLEN HOUSE EAST CONDOMINIUM ASSOCIATION, INC.	
---	---

ATTACHMENT

00017595

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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

02252005 Chg-NP CR2E037 (10/03)

City & State Zip Country	City & State Zip Country
---------------------------------	---------------------------------

4. FEI Number 13-2770784	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent FELDMAN, MICHAEL K MICHAEL K. FELDMAN, P.A. 1111 KANE CONCOURSE SUITE 200 BAY HARBOR ISLANDS, FL 33154	7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSTON, ALAN	NAME	Hanley, Heather
STREET ADDRESS	100 BAYVIEW DR., #504	STREET ADDRESS	100 Bayview Drive # 2126
CITY-ST-ZIP	SUNNY ISLES, FL 33160	CITY-ST-ZIP	Sunny Isles, FL 33160
TITLE	P <input type="checkbox"/> Delete	TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINSTON, ALAN	NAME	Hammer, Sy
STREET ADDRESS	100 BAYVIEW DR # 504	STREET ADDRESS	100 Bayview Drive # PH-20
CITY-ST-ZIP	SUNNY ISLES, FL 33160	CITY-ST-ZIP	Sunny Isles, FL 33160
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLEMBERG, JENNIFER	NAME	Berliner, Max
STREET ADDRESS	100 BAYVIEW DR # 1726-1727	STREET ADDRESS	100 Bayview Drive # 828
CITY-ST-ZIP	SUNNY ISLES, FL 33160	CITY-ST-ZIP	Sunny Isles, FL 33160
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, THOMAS L	NAME	
STREET ADDRESS	100 BAYVIEW DR # 1725	STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANLEY, HEATHER	NAME	
STREET ADDRESS	100 BAYVIEW DR, #2126	STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPS, ABEL A	NAME	
STREET ADDRESS	100 BAYVIEW DR # 1506	STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	CITY-ST-ZIP	

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: *X Alan Hunter* 02-28-05 305-944-3453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #