


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90003 034 ****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
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 _____ <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 September 6, 2006			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	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINSTON, ALAN			NAME	Friedlander, Marianne
STREET ADDRESS	100 BAYVIEW DR., #504			STREET ADDRESS	100 Bayview Drive # 1131
CITY-ST-ZIP	SUNNY ISLES, FL 33160			CITY-ST-ZIP	Sunny Isles Beach, FL 33160
TITLE	P	<input type="checkbox"/> Delete		TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSTON, ALAN			NAME	Heather Hanley
STREET ADDRESS	100 BAYVIEW DR # 504			STREET ADDRESS	100 Bayview Drive
CITY-ST-ZIP	SUNNY ISLES, FL 33160			CITY-ST-ZIP	Sunny Isles Beach, FL 33160
TITLE	VP	<input type="checkbox"/> Delete		TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLEMBERG, JENNIFER			NAME	Hammer, Sy
STREET ADDRESS	100 BAYVIEW DR # 1726-1727			STREET ADDRESS	100 Bayview Drive # 2220
CITY-ST-ZIP	SUNNY ISLES, FL 33160			CITY-ST-ZIP	Sunny Isles Beach, FL 33160
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Stes-Assist- <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, THOMAS L			NAME	Olemberg, Robert
STREET ADDRESS	100 BAYVIEW DR # 1725			STREET ADDRESS	100 Bayview Drive # 1726-1727
CITY-ST-ZIP	SUNNY ISLES, FL 33160			CITY-ST-ZIP	Sunny Isles Beach, FL 33160
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANLEY, HEATHER			NAME	Barrera, Rafael
STREET ADDRESS	100 BAYVIEW DR, #2126			STREET ADDRESS	100 Bayview Drive # 1223
CITY-ST-ZIP	SUNNY ISLES, FL 33160			CITY-ST-ZIP	Sunny Isles Beach, FL 33160
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPS, ABEL A			NAME	Berliner, Max
STREET ADDRESS	100 BAYVIEW DR # 1506			STREET ADDRESS	100 Bayview Drive # 828
CITY-ST-ZIP	SUNNY ISLES, FL 33160			CITY-ST-ZIP	Sunny Isles Beach, FL 33160
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>X Alan Winston</i>				06-05-06 (305) 944-3453	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

40093111



06012006 Chg-NP CR2E037 (4/06)

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

5. Certificate of Status Desired \$8.75 Additional Fee Required

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ATTACHMENT

40095111



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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number -13-2770784	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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 Zip Code	
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				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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WINSTON, ALAN	NAME	Director, Gustavo		
STREET ADDRESS	100 BAYVIEW DR., #504	STREET ADDRESS	100 Bayview Drive # 1708		
CITY-ST-ZIP	SUNNY ISLES, FL 33160	CITY-ST-ZIP	Sunny Isles Beach, Fl. 33160		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WINSTON, ALAN	NAME	Director Silverman, Jack		
STREET ADDRESS	100 BAYVIEW DR # 504	STREET ADDRESS	100 Bayview Drive # 408		
CITY-ST-ZIP	SUNNY ISLES, FL 33160	CITY-ST-ZIP	Sunny Isles Beach, Fl. 33160		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OLEMBERG, JENNIFER	NAME			
STREET ADDRESS	100 BAYVIEW DR # 1726-1727	STREET ADDRESS			
CITY-ST-ZIP	SUNNY ISLES, FL 33160	CITY-ST-ZIP			
TITLE	D <input checked="" 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 checked="" 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 exemptions contained in Chapter 119, 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: <input checked="" type="checkbox"/> <i>Alan Winston</i>				06-05-06 (305) 944-2455	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	