

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727755

FILED
Mar 15, 2011
Secretary of State

Entity Name: ARLEN HOUSE EAST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

100 BAYVIEW DRIVE
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

100 BAYVIEW DRIVE
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 13-2770784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKAM ON-SITE, INC.
6421 CONGRESS AVENUE
STE 110
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: O'KURLIAND-PACK, YDA
Address: 100 BAYVIEW DR
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: TD
Name: BUDWICK, ELI
Address: 100 BAYVIEW DR
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: SD
Name: VIVAS, FREDDY
Address: 100 BAYVIEW DR
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: VP
Name: ENDZWEIG, HELENE S
Address: 100 BAYVIEW DR
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: D
Name: AMSELEM, ALEX
Address: 100 BAYVIEW DR
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: D
Name: MCMAHON, TOM
Address: 100 BAYVIEW DR
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: YDA OKURLIAND-PACK

PD

03/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date