


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90216 037 ****61.25

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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country



CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent
**FELDMAN, MICHAEL K.
NELSON & FELDMAN, P.A.
1135 KANE CONCOURSE
BAY HARBOR ISLANDS FL**

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 * *Alan Winston* * *4/1/03*
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GAUDREAU, REAL	
STREET ADDRESS	100 BAYVIEW DR # 1826	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE	SP	<input type="checkbox"/> Delete
NAME	WINSTON, ALAN	
STREET ADDRESS	100 BAYVIEW DR # 504	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OLEMBERG, JENNIFER	
STREET ADDRESS	100 BAYVIEW DR # 1726-1727	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE	TT	<input type="checkbox"/> Delete
NAME	ROGERS, THOMAS L	
STREET ADDRESS	100 BAYVIEW DR # 1725	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEYMOUR, BLAU	
STREET ADDRESS	100 BAYVIEW DR # 2017	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPS, ABEL A	
STREET ADDRESS	100 BAYVIEW DR # 1506	
CITY-ST-ZIP	SUNNY ISLES FL 33160	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan Winston	
STREET ADDRESS	100 Bayview Dr #504	
CITY-ST-ZIP	Sunny Isles, FL 33160	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heather Hanley	
STREET ADDRESS	100 Bayview Dr # 2126	
CITY-ST-ZIP	Sunny Isles, FL 33160	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marianne Friedlander	
STREET ADDRESS	100 Bayview DR #1131	
CITY-ST-ZIP	Sunny Isles, FL 33160	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ana Ramirez	
STREET ADDRESS	100 Bayview Dr. #PH24	
CITY-ST-ZIP	Sunny Isles, FL 33160	
TITLE	AT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas L. Rogers	
STREET ADDRESS	100 Bayview Dr. #1725	
CITY-ST-ZIP	Sunny Isles, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: * *Alan Winston* * *4/1/03*

CR2E037 (10/02)