

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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 13-2770784	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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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 persons empowered.

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

x 3-8-02 x

CR2E037 (9/01)