

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 727755

**FILED**  
**Nov 30, 2004**  
**Secretary of State**

**Entity Name:** ARLEN HOUSE EAST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

100 BAYVIEW DRIVE  
NORTH MIAMI BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

100 BAYVIEW DRIVE  
NORTH MIAMI BEACH, FL 33160

**New Mailing Address:**

FEI Number: 13-2770784      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FELDMAN, MICHAEL K.  
NELSON & FELDMAN, P.A.  
1135 KANE CONCOURSE  
BAY HARBOR ISLANDS, FL US

**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 US

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: MICHAEL K. FELDMAN      11/30/2004  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WINSTON, ALAN  
Address: 100 BAYVIEW DR., #504  
City-St-Zip: SUNNY ISLES, FL 33160

Title: P ( ) Delete  
Name: WINSTON, ALAN  
Address: 100 BAYVIEW DR # 504  
City-St-Zip: SUNNY ISLES, FL 33160

Title: D ( ) Delete  
Name: OLEMBERG, JENNIFER  
Address: 100 BAYVIEW DR # 1726-1727  
City-St-Zip: SUNNY ISLES, FL 33160

Title: AT ( ) Delete  
Name: ROGERS, THOMAS L  
Address: 100 BAYVIEW DR # 1725  
City-St-Zip: SUNNY ISLES, FL 33160

Title: VP ( ) Delete  
Name: HANLEY, HEATHER  
Address: 100 BAYVIEW DR, #2126  
City-St-Zip: SUNNY ISLES, FL 33160

Title: D ( ) Delete  
Name: CAMPS, ABEL A  
Address: 100 BAYVIEW DR # 1506  
City-St-Zip: SUNNY ISLES, FL 33160

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALAN WINSTON      P      11/30/2004  
Electronic Signature of Signing Officer or Director      Date