


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	Olemborg, 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		06012006 Chg-NP CR2E037 (4/06)	
Zip		Country		4. FEI Number -13-2770784	
				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		
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.					
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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 NAME STREET ADDRESS CITY-ST-ZIP	P WINSTON, ALAN 100 BAYVIEW DR., #504 SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Miret, Gustavo 100 Bayview Drive # 1708 Sunny Isles Beach, Fl. 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINSTON, ALAN 100 BAYVIEW DR # 504 SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Silverman, Jack 100 Bayview Drive # 408 Sunny Isles Beach, Fl. 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLEMBERG, JENNIFER 100 BAYVIEW DR # 1726-1727 SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, THOMAS L 100 BAYVIEW DR # 1725 SUNNY ISLES, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANLEY, HEATHER 100 BAYVIEW DR, #2126 SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPS, ABEL A 100 BAYVIEW DR # 1506 SUNNY ISLES, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>			Date: 06-05-06		Daytime Phone #: (305) 944-2455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #