

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725460

Entity Name: ARLEN BEACH CONDOMINIUM ASSOCIATION INC**Current Principal Place of Business:**5701 COLLINS AVENUE
C/O ARLEN BEACH CONDOMINIUM ASSOC.
MIAMI BEACH, FL 33140-2353**Current Mailing Address:**5701 COLLINS AVENUE
C/O ARLEN BEACH CONDOMINIUM ASSOC.
MIAMI BEACH, FL 33140-2353 US**FEI Number:** 13-2776634**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROCA, MARIA MMGR
5701 COLLINS AVE
C/O ARLEN BEACH CONDO ASSOC.
MIAMI BEACH, FL 33140 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	ROBBINS, ALAN
Address	5701 COLLINS AVENUE C/O ARLEN BEACH CONDOMINIUM ASSOC.
City-State-Zip:	MIAMI BEACH FL 33140-2353

Title	TREASURER
Name	SCHLOSS, MARC
Address	5701 COLLINS AVENUE C/O ARLEN BEACH CONDOMINIUM ASSOC.
City-State-Zip:	MIAMI BEACH FL 33140-2353

Title	DIRECTOR
Name	LIPSKY, NADIA
Address	5701 COLLINS AVE
City-State-Zip:	MIAMI BEACH FL 33140

Title	SECRETARY
Name	JOSEPHA, SILMAN
Address	5701 COLLINS AVENUE C/O ARLEN BEACH CONDOMINIUM ASSOC.
City-State-Zip:	MIAMI BEACH FL 33140-2353

Title	D
Name	HERRERA, JULIA
Address	5701 COLLINS AVE
City-State-Zip:	MIAMI BEACH FL 33140-2353

Title	VP
Name	SANCHEZ, JOSE
Address	5701 COLLINS AVENUE C/O ARLEN BEACH CONDOMINIUM ASSOC.
City-State-Zip:	MIAMI BEACH FL 33140-2353

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: ALAN ROBBINS

PRESIDENT

02/24/2014

Electronic Signature of Signing Officer/Director Detail_____
Date