2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725460

Entity Name: ARLEN BEACH CONDOMINIUM ASSOCIATION INC

FILED Mar 20, 2015 **Secretary of State** CC9416262432

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

Officer/Director Detail:

Title **PRESIDENT** Title SECRETARY Name SCHLOSS, MARK Name SADIK, LOU

5701 COLLINS AVENUE Address Address **5701 COLLINS AVENUE**

C/O ARLEN BEACH CONDOMINIUM C/O ARLEN BEACH CONDOMINIUM

ASSOC. 1714 ASSOC. 612

MIAMI BEACH FL 33140-2353 City-State-Zip: City-State-Zip: MIAMI BEACH FL 33140-2353

Title D Title DIRECTOR

HERRERA, JULIA Name SILMAN, JOSEPHA Name 5701 COLLINS AVE Address 5701 COLLINS AVE Address

1410 MIAMI BEACH FL 33140-2353 City-State-Zip: MIAMI BEACH FL 33140

City-State-Zip:

VΡ Title Title DIRECTOR Name SANCHEZ, JOSE

ROBBINS, ALAN Name Address **5701 COLLINS AVENUE**

Address **5701 COLLINS AVENUE** C/O ARLEN BEACH CONDOMINIUM

C/O ARLEN BEACH CONDOMINIUM

ASSOC. ASSOC. 403

MIAMI BEACH FL 33140-2353 City-State-Zip: MIAMI BEACH FL 33140-2353 City-State-Zip:

Title **DIRECTOR**

Name UNDERWOOD, WILLIAM

5701 COLLINS AVENUE Address

> C/O ARLEN BEACH CONDOMINIUM ASSOC. 507

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.

03/20/2015 SIGNATURE: MARC SCHLOSS **PRESIDENT**

Date