

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 725460

Entity Name: ARLEN BEACH CONDOMINIUM ASSOCIATION INC

**FILED
Oct 12, 2015
Secretary of State
CC3012073664**

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. MANAGEMENT OFFICE
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 SECRETARY
Name HERRERA, JULIA
Address 5701 COLLINS AVE
City-State-Zip: MIAMI BEACH FL 33140-2353

Title PRESIDENT
Name ROBBINS, ALAN
Address 5701 COLLINS AVE
403
City-State-Zip: MIAMI BEACH FL 33140

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

Title DIRECTOR
Name UNDERWOOD, WILLIAM
Address 5701 COLLINS AVENUE
C/O ARLEN BEACH CONDOMINIUM
ASSOC. 507
City-State-Zip: MIAMI BEACH FL 33140-2353

Title TREASURER
Name YERO, HUMBERTO
Address 5701 COLLINS AVENUE
C/O ARLEN BEACH CONDOMINIUM
ASSOC. 701
City-State-Zip: MIAMI BEACH FL 33140-2353

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

Title DIRECTOR
Name SUTTON, LEAH
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

10/12/2015

Electronic Signature of Signing Officer/Director Detail

Date