2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2024
Secretary of State
4054551765CC

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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: Yes

Name and Address of Current Registered Agent:

PINEDA, MARIA CARMEN
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: MARIA CARMEN PINEDA 03/04/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR	Title	TREASURER
Name	SADIK, LUAN LOU	Name	YERO, HUMBERTO
Address	5701 COLLINS AVENUE C/O ARLEN BEACH CONDOMINIUM ASSOC. 1714	Address	5701 COLLINS AVENUE C/O ARLEN BEACH CONDOMINIUM ASSOC. 701
City-State-Zip:	MIAMI BEACH FL 33140-2353	City-State-Zip:	MIAMI BEACH FL 33140-2353
Title	SECRETARY	Title	PRESIDENT
Name	HERRERA, JULIA	Name	DAVIDSON, RACHEL
Address	5701 COLLINS AVENUE C/O ARLEN BEACH CONDOMINIUM ASSOC. 1110	Address	5701 COLLINS AVENUE C/O ARLEN BEACH CONDOMINIUM ASSOC. 1015
City-State-Zip:	MIAMI BEACH FL 33140-2353	City-State-Zip:	MIAMI BEACH FL 33140-2353
Title	VP	Title	DIRECTOR
Name	ROBBINS, ALAN	Name	QUINTERO, SERGIO
Address	5701 COLLINS AVENUE C/O ARLEN BEACH CONDOMINIUM ASSOC. 403	Address	5701 COLLINS AVENUE C/O ARLEN BEACH CONDOMINIUM ASSOC. 1407
City-State-Zip:	MIAMI BEACH FL 33140-2353	City-State-Zip:	MIAMI BEACH FL 33140
Title	DIRECTOR		
Name	SEBASTIAN, JUDI		
Address	5701 COLLINS AVENUE 921		
City-State-Zip:	MIAMI BEACH FL 33140		

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: RACHEL DAVIDSON PRESIDENT 03/04/2024

Electronic Signature of Signing Officer/Director Detail — Date