

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726169

Entity Name: ARLEN HOUSE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**300 BAYVIEW DRIVE
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**500 BAYVIEW DRIVE
SUNNY ISLES BEACH, FL 33160**FEI Number:** 13-2770774**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUAREZ, KAREN
500 BAYVIEW DRIVE
MANAGEMENT OFFICE
SUNNY ISLES BEACH, FL 33160 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:** KAREN SUAREZ

03/11/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name MOULTON, PETER
Address 300 BAYVIEW DRIVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title TREASURER
Name DAVILA GALINDO, MARIA ANA
Address 300 BAYVIEW DRIVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title VP
Name WAINICK, STEVEN
Address 300 BAYVIEW DRIVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title PRESIDENT
Name PEZZAROSSO, FERNANDO
Address 300 BAYVIEW DRIVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR
Name SMITH, ERNEST
Address 300 BAYVIEW DRIVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR
Name SHINNICK, JOHN
Address 300 BAYVIEW DRIVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR
Name BLOOM, MITCH
Address 300 BAYVIEW DRIVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR
Name KLEIN, MURRAY
Address 300 BAYVIEW DRIVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

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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: FERNANDO PEZZAROSSO

PRESIDENT

03/11/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MONGE, VAL
Address	300 BAYVIEW DRIVE
City-State-Zip:	SUNNY ISLES BEACH FL 33160