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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715953 (6)

1. Corporation Name

ROLLING GREEN CONDOMINIUM C, INC.

Principal Place of Business	Mailing Address
1501 N.E.191 ST. NORTH MIAMI BEACH FL 33179	1501 N.E.191 ST. NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1969
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-1277204 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NOTARIUS, FRANCES
1501 NE 191ST ST #209
N MIAMI BCH FL 33179

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition: DVP
NAME	BROZEN, SIDNEY	1.2 NAME	PAPKA, JOSEPH
STREET ADDRESS	1501 NE 191ST ST #308	1.3 STREET ADDRESS	1501 N.E. 191 ST. APT. #08
CITY-ST-ZIP	N MIAMI BCH, FL 00000	1.4 CITY-ST-ZIP	N. MIAMI BCH., FL 33179
TITLE	DVP	2.1 TITLE	☐ Change ☒ Addition: D
NAME	PAPKA, JOSEPH	2.2 NAME	BURGIO, ANNE
STREET ADDRESS	1501 NE 191ST, APT #408	2.3 STREET ADDRESS	1501 N.E. 191ST APT 202
CITY-ST-ZIP	N MIAMI BCH, FL 00000	2.4 CITY-ST-ZIP	N. MIAMI BCH., FL 33179
TITLE	DVP	3.1 TITLE	☐ Change ☐ Addition
NAME	TUCKER, HYMAN	3.2 NAME	
STREET ADDRESS	1501 NE 191ST ST #304	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	NOTARIUS, FRANCES	4.2 NAME	
STREET ADDRESS	1501 NE 191ST ST #209	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	KRASNER, HERBERT	5.2 NAME	
STREET ADDRESS	1501 NE 191 ST APT 408	5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	FEIRTAG, EVE	6.2 NAME	
STREET ADDRESS	1501 NE 191ST ST #315	6.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Herbert L. Krasner 1-20-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044830