

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 05 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 715953 (6)**

1. Corporation Name  
**ROLLING GREEN CONDOMINIUM C, INC.**



Principal Place of Business <b>1501 N.E.191 ST.                  NORTH MIAMI BEACH FL 33179</b>	Mailing Address <b>1501 N.E.191 ST.                  NORTH MIAMI BEACH FL 33179</b>
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3. Date Incorporated or Qualified  
**01/28/1969**

4. FEI Number  
**59-1277204**

Applied For  
 Not Applicable

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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 617.0502 and 617.1508, 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 617.0503, 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NOTARIUS, JOSEPH R</b>	1.2 NAME	<b>MURPHY, SYLVIA</b>
STREET ADDRESS	<b>1501 NE 191 ST, APT 209</b>	1.3 STREET ADDRESS	<b>1501 NE 191 ST APT 302</b>
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>	1.4 CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33179</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURGIO, ANNE</b>	2.2 NAME	
STREET ADDRESS	<b>1501 NE 191ST STREET, APT 202</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N MIAMI BCH, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TUCKER, HYMAN</b>	3.2 NAME	
STREET ADDRESS	<b>1501 NE 191ST ST #304</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N MIAMI BCH, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOTARIUS, FRANCES</b>	4.2 NAME	
STREET ADDRESS	<b>1501 NE 191ST ST #209</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N MIAMI BCH, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRASNER, HERBERT</b>	5.2 NAME	
STREET ADDRESS	<b>1501 NE 191 ST APT 406</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N MIAMI BCH, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEIRTAG, EVE</b>	6.2 NAME	
STREET ADDRESS	<b>1501 NE 191ST ST #315</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N MIAMI BCH, FL 00000</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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* **HERBERT L. KRASNER** 1-26-98 9475795 **305**

CR2E037 (10/97)