2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

NORTH MIAMI BEACH FL 33179

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

DOCUMENT # 715953

NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

Suite, Apt. #, etc.

WOLINER, LISA A

3111 STIRLING ROAD FT. LAUDERDALE FL 33312

the obligations of registered agent.

City & State

Zip

Country

6. Name and Address of Current Registered Agent



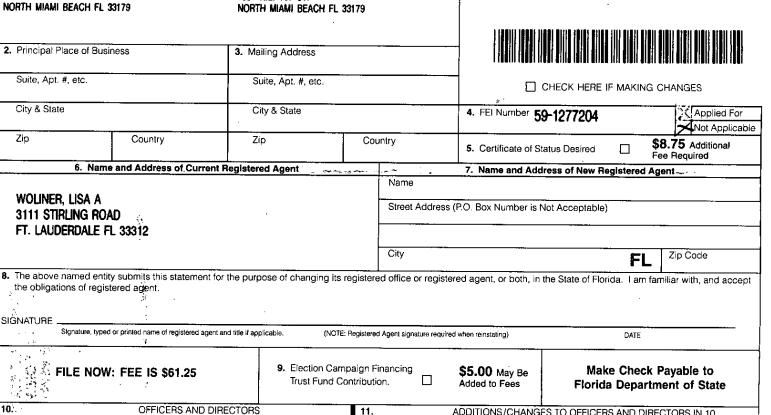
ROLLING GREEN CONDOMINIUM C, INC. Principal Place of Business Mailing Address 1501 N.E. 191 ST. 1501 N.E. 191 ST.

Country

Name

Mar 05, 2003 8:00 am Secretary of State
03-05-2003 90037 022 ****61.25

LII LD



SIGNATURE	<u> </u>					
. · · · •	Signature, typed or printed name of registered agent and title if applic $\#$	able. (NOTÉ: R	legistered Agent signa	ture required when reinstating)	DATE	
	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees	Make Check Payable Florida Department of S	
10	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NOTARIUS, JOSEPH R 1501 NE 191 ST, APT 209 N MIAMI BEACH FL	∠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PUCKER 1501 H.E. 19 NORTH MIAI	PEARL Change 11 ST #304 MIBCH FL.33/7	Addition
TITLE NAME STREET ADDRESS City-St-zip	SD RUSSE, GERTRUDE 1501 NE 191 ST. N. MIAMI BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TY SANT	1AG 0 ≠/0/ □ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGIO, ANN 1501 NE 191 ST. N. MIAMI BEACH FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MUNIZAGA (1581 N F 191	1.BCH FL 33/79 DSVALDO # 109 ST 11 BCH FL 83/7	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO NOTARIUS, FRANCES 1501 NE 191 ST #404 NORTH MIAMI BEACH FL 33179	X Delete	TITLE 7 NAME STREET ADDRESS CITY-ST-ZIP	PR NOTARIUS, F 1501 N.E. 19 NORTH MIAMI	RANCES A Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPKAVE, CAROL 1501 NE 191 ST. N. MIAIM BEACH FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEMMY IN		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arlen, Miriam 1501 Ne 191 St. N. Miami Beach Fl	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: