FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:53

DOCUMENT # **716025** **(2)**

1. Corporation Name

ROLLING GREEN CONDOMINIUM F, INC.

Principal Place of Business	Mailing Address
1301 N E 191ST STREET NO MIAMI BEACH FL 33179	1301 N E 191ST STREET NO MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1969
3a. Date of Last Report: 08/12/1994
4. FEI Number: 59-1288994 ☐ Applied For ☐ Not Applicable
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

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):

9. Name and Address of Current Registered Agent

SHINCKI, MARIAM
1301 N.E. 191 ST
#115
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	PD	11 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	SHINSKI, MIRIAM	12 NAME	DANIELS ROBERT #108 DIRECTOR
STREET ADDRESS	1301 NE 191ST ST	13 STREET ADDRESS	1301 N.E. 191 ST
CITY-ST-ZIP	N MIAMI BCH, FL 00000	14 CITY-ST-ZIP	N. MIAMI BEACH 33179
TITLE	EV	21 TITLE	EV BERMAN, ALFRED #105 ☑ Change ☐ Addition
NAME	DANIELS, ROBERT	22 NAME	1301 N.E. 191 ST DIRECTOR
STREET ADDRESS	1301 N.E. 191 ST., #411	23 STREET ADDRESS	N. MIAMI BEACH FL 33179
CITY-ST-ZIP	N MIAMI BCH, FL 00000	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	VD BARTUNEK, FRANK #210 ☐ Change ☐ Addition
NAME	BARTUNEK, FRANK	32 NAME	1301 NE 191 ST D
STREET ADDRESS	1301 NE 191ST ST	33 STREET ADDRESS	N. MIAMI BEACH 33179
CITY-ST-ZIP	N MIAMI BCH, FL 00000	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	TREAS BUREK ADELINE ☑ Change ☐ Addition
NAME	BUREK, ADELINE	42 NAME	1301 N.E. 191 ST D
STREET ADDRESS	1301 N.E. 191 ST., #206	43 STREET ADDRESS	N. MIAMI BEACH FL 33179
CITY-ST-ZIP	N MIAMI BCH, FL 00000	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	SD ARROW, BERNARD #409 ☐ Change ☐ Addition
NAME	ARROW, BERNARD	52 NAME	1301 N.E. 191 ST D
STREET ADDRESS	1301 N.E. 191 ST., #315	53 STREET ADDRESS	N. MIAMI BEACH FL 33179
CITY-ST-ZIP	N MIAMI BCH, FL 00000	54 CITY-ST-ZIP	
TITLE	TD	61 TITLE	ATREAS FOR AIZENSTEIN, FRANCES #401 ☑ Change ☐ Addition
NAME	LICHTENSTEIN, ANNETTE	62 NAME	1301 N.E. 191 ST D
STREET ADDRESS	1301 NE 191ST ST	63 STREET ADDRESS	N. MIAMI BEACH FL 33179
CITY-ST-ZIP	N MIAMI BCH, FL 00000	64 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)(k), 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: Adeline S. Burek, Treas — MAR 23 95 — 1-305-949-8985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Adeline S Burek

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