## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

DOLLING OPERN CONDOMINIUM E INC

## **FILED** Mar 17 1997 8:00am Secretary of State

HOLLING GREEN CONDOMINION 1, 1140.													
Principal Place of Business			Mailing Address						<b>                                    </b>				
1301 N E 191ST STREET NO MIAMI BEACH FL 33179			1301 N E 191ST STREET NO MIAMI BEACH FL 33179-6101									·	
								02/11		3a. D	ate of Last 03/25/19		
2. Principal Place of Business			2a. Mailing Address				4	FEI Number <b>59-12</b>			-	Applied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					38-12	00994		<del></del>	Not Applicable Additional	
22			27				5	. Certificate o	of Status Desired			Required	
City & State			City & State				6	. Election Ca	mpalgn Financing		\$5.0	0 May Be	
23			28				Trust Fund	Contribution		Adde	d to Fees		
Zip	<b>Žip</b> Cour		Zip	Cour	ntry	8.			ation has liability fo			s. 199.032,	
24 25		d Address of Curren	29	30				Florida Stat	utes Address of New I	Yes Registered			
	y, Name an	u Augress of Current	t Dağıstaları Masıtı		81	Name	10	, Haille allo	Addioss of Holl	iogistorea	Agoitt		
BERMAN, ALFRED					B2	Street	Address (	P.O. Box Nun	nber is Not Accept	able)			
1301 N.E. 191 ST				83		`		<u> </u>					
N MIAMI BCH FL 33179													
					84	City				FL	<b>-</b>	p 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 regist 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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											its registered as registered		
SIGNATURE													
Signature, typed or printed name of registered agent and title if applicable (NOTE Register 12. OFFICERS AND DIRECTORS 13						it signature			CHANGES TO OFF		D DIRECTO	DRS IN 12	
TITLE	PRES		DELETE	_	1.1 TITLE		PR				Change		
NAME	DANIELS, I	ROBERT		1.2 NA	ME		l À.	enon 1	BERMAN			Į:	
STREET ADDRESS	#108				1.3 STREET ADDRESS				s Hunit			ļi	
CITY-ST-ZIP	N MIAMI B	CH, FL 00000	Plasters		1.4 CITY-ST-ZIP			- D.			[ ] Ob	50 (449)	
TITLE	EV		☐ DELETE	2.1 111			Vice	PRE	ر. سر ا		L Change	Addition	
NAME		ALFRED #105		2.2 NAf	STREET ADDRESS		K€	MNETH	HUNIL				
STREET ADDRESS		191 ST., #411		2.3 STF			,					ŀ	
CITY-ST-ZIP TITLE	N MIAMI BCH, FL 00000 VD		DELETE			51-20					Change	Addition	
NAME	BARTUNEK, FRANK		3.2 N		3.2 NAME								
STREET ADDRESS	#210	I DANI		3.3 ST								į	
CITY-ST-ZIP	** - * *	CH, FL 00000	3.4. C			T- 21P							
TITLE		AT		TE 4,1 TITLE							☐ Change	Addition	
NAME	BERMAN, PHYLLIS			4. 2 NA	WE								
STREET ADDRESS	1301 NE 1			4.3 STF	REET /	ADDRESS							
CITY - ST - ZIP	N MIAMI B	EACH FL 33179		4.4 CIT		- ZIP							
TITLE	SD		L DELETE	DELETE 5.1 TITLE							Change	e 🔲 Addition	
NAME	Cantoni ochivano		5.2 N										
		91ST #409				ADDRESS							
CITY-ST-ZIP	N MIAMI BCH, FL 00000		DELETE	5.4 CITY-ST 6.1 TITLE		- ZIP					Change	e Addition	
TITLE	TD		L Dettil	6.2 NAME									
NAME OTREET ADDRESS	BOTTLETO LINE, TOTAL			6.3 STREET		ADDRESS.							
STREET ADDRESS 1301 NE 191ST ST #401 CITY-ST-ZIP N MIAMI BCH, FL 00000				6.4 CITY-S									
14.   do herek	by certify that the	e information supplied	d with this filing does not qual-	ify for the o	exer	nption s	stated in S	ection 119.07	(3)(i), Florida State	ites I furthe	or certify th	at 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 I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or on an attachment with an address.