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 FEB 13 PM 12:09

DOCUMENT # 718113 (4)

1. Corporation Name
GREEN HILLS PARK WEST NO. 5, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
PARK WEST MANAGEMENT 17070 S.W. 112 COURT MIAMI FL 33157-905 US	PARK WEST MANAGEMENT 17070 S.W. 112 COURT MIAMI FL 33157-905 US

3. Date Incorporated or Qualified: 03/13/1970
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-1297258 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 33157-3905 Country 25	Zip 29: 33157-3905 Country 30

9. Name and Address of Current Registered Agent

POWELL, GERALD F
16805 SW 113TH AV
MIAMI FL 33157-3912

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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	1.1 TITLE	☐ Change ☐ Addition
NAME	POWELL, GERALD F	1.2 NAME	
STREET ADDRESS	16805 SW 113TH AV	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 12	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	HINDMARSH, VICTORIA	2.2 NAME	
STREET ADDRESS	11324 SW 169TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 30	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLMES, MARGARET	3.2 NAME	
STREET ADDRESS	11262 SW 169 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 28	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	NEWMAN, ULLIAN K	4.2 NAME	D
STREET ADDRESS	11242 SW 169TH STREET	4.3 STREET ADDRESS	MCCONNELL VIOLA
CITY-ST-ZIP	MIAMI FL 28	4.4 CITY-ST-ZIP	17084 SW 112TH COURT MIAMI FL 33157-3905
TITLE	VPD	5.1 TITLE	☐ Change ☐ Addition
NAME	REID, AGNES	5.2 NAME	
STREET ADDRESS	16925 SW 112 CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 02	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, DON	6.2 NAME	
STREET ADDRESS	16821 SW 113TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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: G. F. Powell GERALD F POWELL 01-15-95 (305) 233-6729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043303