FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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DOCUMENT # 718113 (4)

1. Corporation Name

GREEN HILLS PARK WEST NO. 5, INC.

Principal Place of Business	Mailing Address
PARK WEST MANAGEMENT 17070 S.W. 112 COURT MIAMI FL 33157-3905 US	PARK WEST MANAGEMENT 17070 S.W. 112 COURT MIAMI FL 33157-3905 US

3. Date Incorporated or Qualified: 03/13/1970
3a. Date of Last Report: 02/13/1995

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

81 Name: Joyce L Kendrew
82 Street Address (P.O. Box Number is Not Acceptable): 11320 S.W 169 St,
83: Miami
84 City: Fla **FL** 85 Zip Code: 33157

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: Joyce L Kendrew
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POWELL, GERALD F 16805 SW 113TH AV MIAMI FL 12	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD KENDREW, JOYCE L 11320 SW 169TH ST MIAMI FL 33157-3930-33	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HINDMARSH, VICTORIA 11324 SW 169TH STREET MIAMI FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D HORGAN, RUBY E. 11231 SW 169TH ST MIAMI FL 33157-3927-33	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HOLMES, MARGARET 11262 SW 169 ST MIAMI FL 28	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	 MIAMI FL 33157-3930-33	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIOLA, MCCONNELL 17084 SW 112TH COURT MIAMI FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D LEWIS, REGINOLD 11334 SW 169TH ST MIAMI FL 33157-3930-33	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD REID, AGNES 16925 SW 112 CT MIAMI FL 02	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D PARKER, DAPHNE 16845 SW 113TH AV MIAMI FL 33157-3912-33	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MOORE, DON 16821 SW 113TH AVE MIAMI FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	 MIAMI FL 33157-3912-33	☒ Change ☐ Addition

JR 4-1-96

CR2E037 (12/95)

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: Joyce L Kendrew Joyce L. Kendrew 3-15-96 305 242-9479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #