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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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: 04/11/1996

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)

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

KENDREW, JOYCE L
11320 SW 169 ST.
MIAMI FL 33157-3912

10. Name and Address of New Registered Agent

81 Name: Anthony A. Lalliche, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): Becker & Poliakoff, P.A.
83: 5201 Blue Lagoon Dr. #100
84 City: Miami **FL** 85 Zip Code: 33126

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: Lalliche Becker + Poliakoff PA — DATE: 1/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KENDREW, JOYCE L		1.2 NAME	
STREET ADDRESS	11320 SW 169 ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157-3930		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HORGAN, RUBY E		2.2 NAME	
STREET ADDRESS	11231 SW 169TH ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157		2.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLMES, MARGARET		3.2 NAME	
STREET ADDRESS	11262 SW 169TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, REGINOLD		4.2 NAME	
STREET ADDRESS	11334 SW 169TH ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, DAPHNE		5.2 NAME	
STREET ADDRESS	16845 SW 113TH AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	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 33157		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 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: Don Moore 1-23-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #