

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90008 034 ****61.25

DOCUMENT # 718113 1. Entity Name GREEN HILLS PARK WEST NO. 5, INC.					
Principal Place of Business PARK WEST MANAGEMENT #5 17070 S.W. 112 COURT MIAMI, FL 33157-3905 US			Mailing Address % MIAMI MANAGEMENT 14275 SW 142ND AVE MIAMI, FL 33186 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1297258	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TRIAY, CARLOS ESQ 10570 NW 27 ST. SUITE 103 MIAMI, FL 33172			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLMES, MARGARET 11262 SW 169 ST MIAMI, FL 33157	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAZAN, SCHILLER 11304 SW 169 STREET MIAMI, FL 33157	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, MARIE 11223 SW 70 TERRACE MIAMI, FL 33157	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HINDMARSH, VICKIE 11324 SW 169 ST MIAMI, FL 33157	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOLEY, JOHN H 11302 SW SW 169 ST MIAMI, FL 33157	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARGARET HOLMES 11262 SW 169 ST MIAMI, FL 33157	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN H FOLEY 11302 SW 169 ST MIAMI, FL 33157	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					