

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 -8 AM 9:51

DOCUMENT # 752715 (3)
1. Corporation Name
THE GREENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
815 NW 57TH AVE. 815 NW 57TH AVE.
#429 #429
MIAMI FL 33126 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/02/1980 3a. Date of Last Report 10/26/1994
4. FEI Number 59-2046935 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 8825 WEST FLAGLER 26 Suite, Apt. #, etc.
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State MIAMI, FLA. 33174 28 City & State
24 Zip 33174 25 Country U.S.A. 29 Zip 30 Country

9. Name and Address of Current Registered Agent
YABLIN ARNOLD ESQ
699 S FEDERAL HWY
SUITE 302
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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: *Arnold Yablin* ARNOLD YABLIN 1/31/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE PD
NAME ORS, MAGDA
STREET ADDRESS 210 FONTAINEBLEAU BLVD #302
CITY-ST-ZIP MIAMI FL 33172
TITLE VD
NAME CEPERO, HERMINIA
STREET ADDRESS 8841 W FLAGLER #110
CITY-ST-ZIP MIAMI FL 33172
TITLE TD
NAME GONZENBACH, MARINA
STREET ADDRESS 8801 W FLAGLER ST #202
CITY-ST-ZIP MIAMI FL 33172
TITLE SD
NAME COX, JACQUELINE
STREET ADDRESS 100 FONTAINEBLEAU BLVD #401
CITY-ST-ZIP MIAMI FL 33172
TITLE D
NAME MC KENDRY, HARRY
STREET ADDRESS 8821 W FLAGLER ST #203
CITY-ST-ZIP MIAMI FL 33172
TITLE D
NAME PAFUNDI, NITZIA
STREET ADDRESS 110 FONTAINEBLEAU BLVD #308
CITY-ST-ZIP MIAMI FL 33172

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(b), Florida Statutes, I further certify that the information 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: *Magda Ors, President* 1/31/95 (305) 226-1351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MAGDA ORS, PRESIDENT