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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 752715 (3)

1. Corporation Name

THE GREENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8825 WEST FLAGLER STREET MIAMI FL 33174 US	8825 WEST FLAGLER STREET MIAMI FL 33174 US

3. Date Incorporated or Qualified: 06/02/1980

4. FEI Number: 59-2046935 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business		26 2a. Mailing Address	275 Fontainebleau Blvd
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	#200
23 City & State		28 City & State	Miami FL
24 Zip	25 Country	29 Zip	33172 30 Country DADE

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ALVAREZ, NESTOR
3971 S.W. 8 ST. SUITE #209
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ 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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ORS, MAGDA		1.2 NAME	
STREET ADDRESS	210 FONTAINEBLEAU BLVD. #302		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VAZQUEZ, ARTISTIDES		2.2 NAME	
STREET ADDRESS	110 FONTAINEBLEAU BLVD. #109		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GUTIERREZ, ARMANDO		3.2 NAME	
STREET ADDRESS	210 FONTAINEBLEAU BLVD. #104		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PAFUNDI, NIZIA		4.2 NAME	
STREET ADDRESS	110 FONTAINEBLEAU BLVD. #306		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LLAURO, VICENTE		5.2 NAME	
STREET ADDRESS	100 FONTAINEBLEAU BLVD. #101		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LABANDERO, MARIA		6.2 NAME	
STREET ADDRESS	210 FONTAINBLEAU BOULEVARD #408		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. I 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: _____ 2/17/98 202-6532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #