FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90017 003 ****61.25

DOCUMENT # 752715

THE GREENS CONDOMINIUM ASSOCIATION, INC.

Princ	ipal Pi	ace of Bu	siness
8825	WEST	FLAGLER	STREE

Mailing Address

8825 WEST FLAGLER STREET Miami FL 33174 US	275 FONTAINEBLEAU BLVD #200 MIAMI FL 33172 US	

2. 21	Principal Place of Business	2a 26	Mailing Address		3. Date Incorporate 06/02/1980	d or Qualifed	•
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.		4. FEI Number 59-2046935		Applied For Not Applicable
23	City & State	28	City & State		5. Certifcate of Stat	us Desired	\$8.75 Additional Fee Required
24	Zip Country	29	Zip (Country	6. Election Campaig Trust Fund Contr		\$5.00 May Be Added to Fees
=-1	9. Name and Address of Curre	nt Regis			10. Name and Addr	ess of New Registered	Agent
				81	Name		 ,
	ALVAREZ, NESTOR 3971 S.W. 8 ST. SUITE #209			82	Street Address (P.O. Box Number i	s Not Acceptable)	
	CORAL GABLES FL 33134			83			
				84	City	EI	85 Zip Code
44	Pursuant to the provisions of Sections 617.05	02 and 6	C17 1509 Florido Statutos th		amed compression submits this state	ement for the purpose of	f changing its registered

Transam of the provisions of Sections of Florida. Such changes the acceptance of portation's board of directors like state appointment as registered, agent, or both, in the State of Florida. Such changes was authorized by the corporation's board of directors like style appointment as registered, agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		NICTE B	required when ministating) DATE	
12.	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS	(NOTE: Registered Agent signature re 13.	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12
TITLE	PD DELET			hange
NAME	ORS, MAGDA	1.2 NAME		•
STREET ADDRESS	210 FONTAINEBLEAU BLVD. #302	1.3 STREET ADDRESS	supply to the	• .
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP		
TITLE	SD DELET			hange 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 DELET			hange
NAME	GUTIERREZ, ARMANDO	3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY ST-ZIP	MIAMI.FL 33172	3.4. CITY-ST-ZIP		
TITLE	D DELET	ΓE 4.1 TΠLE		hange
NAME	PAFUNDI, NIZIA	4. 2 NAME		form in the St
STREET ADDRESS	110 FONTAINEBLEAU BLVD. #306	4.3 STREET ADDRESS		排行加州斯。
CITY-ST-ZIP	MIAMI FL 33172	4.4 CITY-ST-ZIP		把招 细链
TITLE	D DELET	FE 5.1 TΠLE		hange
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 DELET	E 6.1 MLE		hange
NAME	LABANDERO, MARIA	6.2 NAME		
STREET ADDRESS	210 FONTAINBLEAU BOULEVARD #408	6.3 STREET ADORESS		
CITY-ST-ZIP	MIAMI FL 33172	6.4 CITY-ST-ZIP	•	

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, with all other like empowered.

SIGNATURE: