

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90213 015 ****61.25

DOCUMENT # 752715 1. Entity Name THE GREENS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2510 N.W. 97 AVENUE, STE 200 DORAL, FL 33172 US			Mailing Address 2510 N.W. 97 AVENUE, STE 200 DORAL, FL 33172 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2046935	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PIQUE, SYLVIA EXCEL MGMT 2510 NW 97 AVE 200 MIAMI, FL 33172				7. Name and Address of New Registered Agent 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)					
Filing Fee is \$61.25 Due by May 1, 2008		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	P EBORARDO, FONSECA 100 FOUNTAINBLEAU BLVD, # 103 MIAMI, FL 33173	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fernandez, Pedro 200 NW 87 AVE #J207 MIAMI, FL 33172	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUSTILLO, ALBERTO 8801 WEST FLAGLER #210 MIAMI, FL 33174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POLANCO, GRISELDA 8841 WEST FLAGLER #307 MIAMI, FL 33174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, PEDRO 200 NW 87 AVE #J207 MIAMI, FL 33172	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Royes, Juan 110 Fountainbleau Blvd # 210 MIAMI, FL 33172	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JOSE 8801 WEST FLAGLER #207 MIAMI, FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ramos, Lazaro 110 Fountainbleau Blvd #203 MIAMI, FL 33172	☐ 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: 2/12/08 Daytime Phone #: 305-436-6655		

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