

FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham  Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757213 (4)
 Corporation Name
GREENWICH ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
1470 NE 123RD ST. MANAGERS OFFICE NORTH MIAMI FL 33161		1470 NE 123RD ST. MANAGERS OFFICE NORTH MIAMI FL 33161	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30
		25	

3. Date Incorporated or Qualified	05/21/1981	
4. FEI Number	59-2094391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DCI-DEVELOPEMENT CONSULTANTS INC
2901 SIMMS STREET
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	PRESIDENT DP
NAME	MCVAY, GARY	1.2 NAME	ROBERT ROBERTS
STREET ADDRESS	1470 NE 123 ST STE PH-7	1.3 STREET ADDRESS	1470 NE 123 st #401
CITY-ST-ZIP	NORTH MIAMI FL	1.4 CITY-ST-ZIP	N.MIAMI FL 33161
TITLE	DVP	2.1 TITLE	V.PRESIDENT ROBERT VOLE
NAME	GONZALEZ, JEFF	2.2 NAME	1470 NE 123 ST #714
STREET ADDRESS	1470 NE 123 ST, STE 114	2.3 STREET ADDRESS	N.MIAMI FLORIDA
CITY-ST-ZIP	NORTH MIAMI FL	2.4 CITY-ST-ZIP	33161
TITLE	DT	3.1 TITLE	SECRETARY DT
NAME	ROTH, SCOTT	3.2 NAME	J.PAUL STEWART
STREET ADDRESS	1470 NE 123 ST, STE 701	3.3 STREET ADDRESS	1470 NE 123 ST #704
CITY-ST-ZIP	NORTH MIAMI FL	3.4 CITY-ST-ZIP	N.MIAMI FL 33161
TITLE	DS	4.1 TITLE	Treasurer DS
NAME	SOMMERER, SHAUN	4.2 NAME	DANIELLE DARUCAUD
STREET ADDRESS	1470 NE 123 ST, STE 1105	4.3 STREET ADDRESS	1470 NE 123 ST # 609
CITY-ST-ZIP	NORTH MIAMI FL	4.4 CITY-ST-ZIP	N.MIAMI FL 33161
TITLE	D	5.1 TITLE	DIRECTOR D
NAME	BLAIR, ALSTON	5.2 NAME	LESTER KREISA
STREET ADDRESS	14070 NE 123 ST, STE 316	5.3 STREET ADDRESS	1470 NE 123 ST # 701
CITY-ST-ZIP	NORTH MIAMI FL	5.4 CITY-ST-ZIP	N.MIAMI FL 33161
TITLE	D	6.1 TITLE	DIRECTOR D
NAME	GALLO, PETER	6.2 NAME	ANTHONY SIMMONS
STREET ADDRESS	1470 NE 123 ST, STE 1415	6.3 STREET ADDRESS	1470 NE 123 ST PH #13
CITY-ST-ZIP	NORTH MIAMI FL	6.4 CITY-ST-ZIP	N.MIAMI FL 33161

1.1 TITLE	PRESIDENT DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT ROBERTS	
1.3 STREET ADDRESS	1470 NE 123 st #401	
1.4 CITY-ST-ZIP	N.MIAMI FL 33161	
2.1 TITLE	V.PRESIDENT ROBERT VOLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1470 NE 123 ST #714	
2.3 STREET ADDRESS	N.MIAMI FLORIDA	
2.4 CITY-ST-ZIP	33161	
3.1 TITLE	SECRETARY DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	J.PAUL STEWART	
3.3 STREET ADDRESS	1470 NE 123 ST #704	
3.4 CITY-ST-ZIP	N.MIAMI FL 33161	
4.1 TITLE	Treasurer DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DANIELLE DARUCAUD	
4.3 STREET ADDRESS	1470 NE 123 ST # 609	
4.4 CITY-ST-ZIP	N.MIAMI FL 33161	
5.1 TITLE	DIRECTOR D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LESTER KREISA	
5.3 STREET ADDRESS	1470 NE 123 ST # 701	
5.4 CITY-ST-ZIP	N.MIAMI FL 33161	
6.1 TITLE	DIRECTOR D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ANTHONY SIMMONS	
6.3 STREET ADDRESS	1470 NE 123 ST PH #13	
6.4 CITY-ST-ZIP	N.MIAMI FL 33161	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 officer or director 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 alteration with address.

SIGNATURE: _____ *J-25-98*

CF2E037 (10/97)