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

APPROVED AND FILED
95 APR 20 AM 7:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05769 (7)

1. Corporation Name
GREENWICH III ASSOCIATION, INC.

Principal Place of Business
9095 GALLOWAY ROAD
SUITE 777
MIAMI FL 33176

Mailing Address
9095 GALLOWAY ROAD
SUITE 777
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1984
3a. Date of Last Report: 07/20/1994
4. FEI Number: 59-2459566 — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26: 5005 W. LAUREL STREET
Suite, Apt. #, etc. — 27: SUITE 206
City & State — 28: TAMPA, FLORIDA
Zip — 29: 33607-3839 — Country — 30: USA

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

9. Name and Address of Current Registered Agent
REINHARD, SANFORD N.
2875 NE 191ST ST., SUITE 404
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 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 X SANFORD N. REINHARD, REGISTERED AGENT & STD 4/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☒ Change ☐ Addition
TITLE	PD	1.1 TITLE	PD
NAME	MITCHELL, JAMES	1.2 NAME	ANDERSEN, NILES
STREET ADDRESS	9095 GALLOWAY RD., #777	1.3 STREET ADDRESS	5005 W. LAUREL STREET, SUITE 206
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	TAMPA, FL 33607-3839
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	REINHARD, SANFORD N.	2.2 NAME	
STREET ADDRESS	2875 NE 191ST ST., #404	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, SYLVAN	3.2 NAME	
STREET ADDRESS	4141 SHERBROOKE ST. WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL QUEBEC CANADA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: NILES ANDERSEN, PD 4/17/95 (813) 287-1078
XXXX