

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000004037 (8)

1. Corporation Name
ROLLING GREEN B CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1601 NE 191 ST
MIAMI FL 33170

Mailing Address
1601 NE 191 ST
MIAMI FL 33170

3. Date Incorporated or Qualified: **09/07/1993**
3a. Date of Last Report: **07/10/1995**

2. Principal Place of Business
21. **1601 NE 191 ST**
22. Suite, Apt. #, etc.

2a. Mailing Address
26. **1601 NE 191 ST**
27. Suite, Apt. #, etc.

4. FEI Number: **NOT APPLICABLE**
Applied For: Not Applicable

23. **North Miami Beach FL**
28. **North Miami Beach FL**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

24. **33179** 25. Country
29. **33179** 30. Country

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ZIEDENWEBER, IDA
1601 NE 191 ST
N. MIAMI BEACH FL 33179**

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: **FL**

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

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEADERMAN, ESTHER	
STREET ADDRESS	1601 NE 191 ST #201	
CITY - ST - ZIP	N MIAMI BEACH FL 33179	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZIEDENWEBER, IDA	
STREET ADDRESS	1601 NE 191 ST #305	
CITY - ST - ZIP	N MIAMI BEACH FL 33179	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SANDLER, ESTHER	
STREET ADDRESS	1601 NE 191 ST #310	
CITY - ST - ZIP	N MIAMI BEACH FL 33179	
TITLE	VD VALES	<input checked="" type="checkbox"/> DELETE
NAME	MARTA CHICKIE	
STREET ADDRESS	1601 NE 191 ST #119	
CITY - ST - ZIP	N MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SEC. SLAPION, MIRIAM
3.3 STREET ADDRESS	1601 NE 191 ST #101
3.4 CITY - ST - ZIP	N MIAMI BEACH FL 33179
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VALESQUEZ, ANGELO
4.3 STREET ADDRESS	VP 1601 NE 191 ST #119
4.4 CITY - ST - ZIP	N MIAMI BEACH, FL 33179
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ida Zeldenweber* Pres. 1/30/96 (305) 944-7871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)