### **FILE NOW: FILING FEE IS \$61.25**

2a. Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

#### N93000004037 (8) DOCUMENT #

## ROLLING GREEN B CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1601 NE 191 ST 1601 NE 191 ST MIAMI FL 33179-4104 MIAMI FL 33170

Mailing Address

# **FILED** Feb 25 1997 8:00am Secretary of State

3.	Date Incorporated or Qualified 09/07/1993	3a. Date of Last Report 02/11/1996
4.	FEI Number	Applied For
	NOT APPLICABLE	Not Applicable

21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zio Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 24 29 30 Florida Statutes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ZIEDENWEBER, IDA Street Address (P.O. Box Number is Not Acceptable) 82 1601 NE 191 ST 83 N. MIAMI BEACH FL 33179 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. Signature, typed or presentance of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE Change Addition THE SD 11 TITLE NAME LEADERMAN, ESTHER 1.2 NAME 1601 NE 191 ST #201 1.3 STREET ADDRESS STREET ADDRESS N MIAMI BEACH FL 33179 1.4 CITY - ST - ZIP CITY-ST-7IP DELETE Change Addition 1111.0 2.1 TITLE ZIEDENWEBER, IDA 2.2 NAME 1601 NE 191 ST #305 STREET ADDRESS 2.3 STREET ADDRESS N MIAMI BEACH FL 33179 2. 4 CITY - ST- ZIP CHY-S1-7# DELETE Change \_\_ Addition TATLE 3.1 TITLE SANDLER, ESTHER NAME 3.2 NAME 1601 NE 191 ST #310 STREET ADDRESS 3.3 STREET ADDRESS N MIAMI BEACH FL 33179 3 4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4.1 DILE 7171.8 SEC SLAPION, MIRIAME 4. 2 NAME NAME 1601 NE 191 ST #101 STREET ADDRESS 4.3 STREET ADDRESS N MIAMI BEACH FL 33179 4.4 CITY - ST - ZIP CHY-ST-7/P DELETE Change Addition 5.1 TITLE THILE VALESQUEZ, ANGELO 5.2 NAME NAME 1601 NE 191 ST #119 5.3 STREET ADORESS STREET ADDRESS NORTH MIAMI BEACH FL 33179 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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

SIGNATURE

CRY-SI-ZIP