

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

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N93000004037 (8)**  
 1. Corporation Name

**ROLLING GREEN B CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business		Mailing Address	
1601 NE 191 ST MIAMI FL 33170		1601 NE 191 ST MIAMI FL 33170	
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	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	09/07/1993	
4. FEI Number	Applied For	Not Applicable
<b>NOT APPLICABLE</b>		
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> 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 checked="" type="checkbox"/> 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	FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEADERMAN, ESTHER	1.2 NAME	
STREET ADDRESS	1601 NE 191 ST #201	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEDENWEBER, IDA	2.2 NAME	
STREET ADDRESS	1601 NE 191 ST #305	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDLER, ESTHER	3.2 NAME	
STREET ADDRESS	1601 NE 191 ST #310	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	3.4 CITY-ST-ZIP	
TITLE	SEC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAPION, MIRIAME	4.2 NAME	
STREET ADDRESS	1601 NE 191 ST #101	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALESQUEZ, ANGELO	5.2 NAME	
STREET ADDRESS	1601 NE 191 ST #119	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE *Ida Ziedenweber* Pres. 11/14/98 305 944-7871

CF2E037 (10/97)