


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90049 022 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000004037**

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	3. Date Incorporated or Qualified
21	26	09/07/1993
Suite, Apt. #, etc.		4. FEI Number
22 1601 NE 191 ST B-310		NOT APPLICABLE
City & State		Applied For
23 MIAMI, FLORIDA		Not Applicable
Zip Country		5. Certificate of Status Desired
24 33179 25 USA		<input type="checkbox"/> \$8.75 Additional Fee Required
29 33179 30 USA		6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ZIEDENWEBER, IDA 1601 NE 191 ST N. MIAMI BEACH FL 33179	81 Name SLAPION, MIRIAM 82 Street Address (P.O. Box Number is Not Acceptable) 1601 N.E. 191 ST B-101 83 84 City MIAMI FL 85 Zip Code 33179

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 Miriam Slapion MARIAM SLAPION - PRESIDENT DATE 1/4/99

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 checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAPION, MIRIAME	4.2 NAME	PD SLAPION, MIRIAM
STREET ADDRESS	1601 NE 191 ST #101	4.3 STREET ADDRESS	1601 N.E. 191 ST #101
CITY-ST-ZIP	N MIAMI BEACH FL 33179	4.4 CITY-ST-ZIP	MIAMI, FL 33179
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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Miriam Slapion Pres 1/4/99 305.940-7692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

VPD.

LOPEZ, JOSE

1601 N.E. 191 STREET #414

MIAMI, FLORIDA 33179

SD

WEISS, DORIS

1601 N.E. 191 STREET #213

MIAMI, FLORIDA 33179

107 289-90049-22

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