

**2006**  
**2005 NOT-FOR-PROFIT CORPORATION  
 REINSTATEMENT**

**FILED**

**06 MAY -1 PM 2:54**

SECRETARY OF STATE -  
 TALLAHASSEE, FLORIDA



<b>DOCUMENT # N93000004037</b>					
1. Entity Name ROLLING GREEN B CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1601 NE 191 ST OFFICE - 3RD FLOOR NORTH MIAMI BEACH, FL 33179		Mailing Address 1835 NE MIAMI GARDENS DRIVE PO BOX 351 NORTH MIAMI BEACH, FL 33179		<p align="center"><i>SEND ALL MAIL TO</i></p>	
2. Principal Place of Business		3. Mailing Address		12082005 REIN-NP CR2E099 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>NOT APPLICABLE</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>UNITED FINANCIAL PROPERTY MANAGEMENT 1835 NE MIAMI GARDENS DRIVE Ste 351 N. MIAMI BEACH, FL 33179</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i> Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)				DATE <b>5/2/06</b>	
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, ROBERTO			NAME	<b>500062514875</b>
STREET ADDRESS	1601 N.E. 191 STREET B-113			STREET ADDRESS	<b>12/30/05--01054--031 **236.25</b>
CITY-ST-ZIP	N MIAMI BEACH, FL 33179			CITY-ST-ZIP	
TITLE	<b>S</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRATON, RIKKI			NAME	
STREET ADDRESS	1601 NE 191 ST, #317			STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH, FL 33179			CITY-ST-ZIP	
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFI, MARAGRITA			NAME	
STREET ADDRESS	1601 NE 191 ST., #416			STREET ADDRESS	<b>500062514875</b>
CITY-ST-ZIP	N MIAMI BEACH, FL 33179			CITY-ST-ZIP	<b>05/12/06--01025--004 **70.00</b>
TITLE	<b>T</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROJAS, LUCIA			NAME	
STREET ADDRESS	1601 NE 191 ST., STE #120			STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH, FL 33179			CITY-ST-ZIP	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIELMA, OSVALDO			NAME	<b>D GUINERMINA ORTIZ</b>
STREET ADDRESS	1601 NE 191 ST, #309			STREET ADDRESS	<b>1601 N.E. 191 ST # 118</b>
CITY-ST-ZIP	N MIAMI BEACH, FL 33179			CITY-ST-ZIP	<b>N. M. B, FL 33179</b>
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TABB, HOWARD			NAME	<b>P TURBE ZOHET</b>
STREET ADDRESS	1601 N.E. 191 STREET #301			STREET ADDRESS	<b>1601 N.E. 191 STREET #112</b>
CITY-ST-ZIP	MIAMI, FL 33179			CITY-ST-ZIP	<b>N.M.B FL 33179</b>
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>				Date: <b>5/12-22-05</b> Daytime Phone #: <b>(305) 943-5454</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					