


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N93000004037**

1. Entity Name  
**ROLLING GREEN B CONDOMINIUM ASSOCIATION, INC.**



FILED  
07 NOV -7 PM 4: 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |
|--|---|
| Principal Place of Business<br>1601 NE 191 ST<br>OFFICE - 3RD FLOOR<br>NORTH MIAMI BEACH, FL 33179 | Mailing Address<br>1835 NE MIAMI GARDENS DRIVE<br>PO BOX 351<br>NORTH MIAMI BEACH, FL 33179 |
|--|---|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

6. Name and Address of Current Registered Agent

**UNITED FINANCIAL PROPERTY MANAGEMENT**  
1835 NE MIAMI GARDENS DRIVE  
STE 351  
N. MIAMI BEACH, FL 33179




4. FEI Number  
**NOT APPLICABLE**

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

7. Name and Address of New Registered Agent

Name: **Straley + Otto, P.A.**  
Street Address (P.O. Box Number is Not Acceptable): **2649 Stirling Road, Suite C-207**  
City: **Fort Lauderdale** FL Zip Code: **33312**

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:  **Charles Otto Esq. for Straley + Otto P.A.** DATE: **10-19-07**

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW WITH FEE IS \$61.25  
After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to: Florida Department of State

| 10. OFFICERS AND DIRECTORS                       |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | P<br>ZOHET, I<br>1601 N.E. 191 STREET #112<br>N MIAMI BEACH, FL 33179       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | S<br>BRATON, RIKKI<br>1601 NE 191 ST, #317<br>N MIAMI BEACH, FL 33179       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>SHAFI, MARAGRITA<br>1601 NE 191 ST., #418<br>N MIAMI BEACH, FL 33179   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | 900112049439<br>11/06/07--01061--<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | T<br>ROJAS, LUCIA<br>1601 NE 191 ST., STE #120<br>N MIAMI BEACH, FL 33179   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>11/1/8</i>                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>GUILLERMINA, ORTIZ<br>1601 NE 191 ST., #118<br>N MIAMI BEACH, FL 33179 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 justice 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:  DATE: **10-19-07** (306) 542-7707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR