

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-18-2004 90002 027 *****70.00

DOCUMENT # 717409

1. Entity Name

ROLLING GREEN CONDOMINIUM A, INC.



Principal Place of Business

1701 N.E. 191ST.
NORTH MIAMI BEACH FL 33179

Mailing Address

1701 N.E. 191ST.
NORTH MIAMI BEACH FL 33179

04057924

2. Principal Place of Business

1701 N.E. 191ST.

Suite, Apt. #, etc.

#120

City & State

N MIAMI BEACH FL

Zip

33179

Country

USA

3. Mailing Address

1701 N.E. 191ST

Suite, Apt. #, etc.

#120

City & State

N MIAMI BEACH FL

Zip

33179

Country

USA



MOORE

CR2E037 (4/04)

4. FEI Number

59-1309390

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BYRD, BEATRICE
1701 NE 191 ST
N MIAMI BEACH FL 33179

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

Beatrice Gordon Byrd BEATRICE Gordon Byrd

6.14.04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BYRD, BEATRICE	
STREET ADDRESS	1701 N.E. 191 ST.	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUIZ, JUSTO S	
STREET ADDRESS	1701 N.E. 191ST.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BREMEN, BERNICE	
STREET ADDRESS	1701 N.E. 191 ST.	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KAY, MYRA	
STREET ADDRESS	1701 N.E. 191 ST.	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FALLAS, LUIS G	
STREET ADDRESS	1701 N.E. 191ST.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBS, MURRAY	
STREET ADDRESS	1701 N.E. 191ST.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAVIS, TIMOTHY	
STREET ADDRESS	1701 N.E. 191ST	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Beatrice Gordon Byrd BEATRICE Gordon Byrd - President 6.14.04 305-947-4662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #