

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90049 029 ****61.25

DOCUMENT # 716915 1. Entity Name GREEN HILLS PARK WEST NO. 4, INC.					
Principal Place of Business 17070 S W 112TH COURT MIAMI FLA, 33157			Mailing Address C/O MIAMI MANAGEMENT 14275 SW 142ND AVE. MIAMI, FL 33186 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1267746	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TRIAY, CARLOS ESQ. 10570 NW 27 STREET STE 103 MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, BOBBIE 17004 SW 113CT MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/D WELSH, MARY 17011 SW 113 CT. MIAMI FL 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FIXTER, DEBORAH 16960 SW 113 CT. MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SPONZA, ROBERT 11367 SW 171 ST. MIAMI, FL 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COONER, NAKALIE 16900 SW 113 CT MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIRECTOR ALEMAN, GUADALUPE 16991 SW 113 CT MIAMI FL 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASTILLO, MARY 16904 SW 113 CT MIAMI, FL 33157		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARSHOWER, RUTH 16926 SW 113 CT MIAMI, FL 33176		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, JESUS 16985 SW 113 CT MIAMI, FL 33157		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Mary A. Welsh, Pres</u> <u>3/18/05</u> <u>305-969-6195</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Mary A. Welsh