2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2007 8:00 am Secretary of State 04-27-2007 90195 050 ****61.25 **DOCUMENT #717409** ROLLING GREEN CONDOMINIUM A, INC. 40085875 Mailing Address Principal Place of Business 1701 N.E. 191ST STREET 1701 N.E. 191ST STREET MIAMI, FL 33179 MIAMI, FL 33179 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 Chg-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Numbe 59-1309390 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROUGH, CHADROW & LEVINE, P.A. Street Address (P.O. Box Number is Not Acceptable) GLOBAL COMMERCE CENTER 1900 NORTH COMMERCE PARKWAY WESTON FL 33326 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. \cdot_{\downarrow} , SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Redistered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State PRESIDENT PLAY COMMENTS 1701 NE 18/57 4A-107 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Delete Addition TITLE ☐ Change TITLE BYRD, BEATRICE NAME NAME STREET ADDRESS 1701 NE 191 ST SUITE 120 STREET ADDRESS HIAMI, FL 33179 N MIAMI BEACH, FL CITY-ST-7IP CITY-ST-ZIP Delete VICE-PASIDENT TITLE VD TITLE ☐ Channe Addition SANDRA DIAZ RUIZ, JUSTOS NAME JST. # A-420 1701 NF 191 ST SUITE 310 STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH, FL 33179 CITY-ST-ZIP MIAMI, FL. 33179 CITY-ST-ZIP Delete n TITLE Addition TITLE TOTAS URLER ☐ Change SERRAMA DIMINGUEZ 701 NE 1815 PAR-105 41AMI, PL 32179 FALLAS, LUIS G. NAME NAME STREET ADDRESS 1701 NE 191 ST SUITE 115 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH, FL Delete TITLE ☐ Change Addition TITLE NOAMI, MATOS NAME 1701 NE 191 ST SUITE 302 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179 MIMILFE. 23179 Delete PIRECTOR Addition TITLE ☐ Change TITLE NAME CHAVEZ, TIMOTHY NAME

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 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

1701 NE 191 ST SUITE 411

1701 NE 191 ST SUITE 112

PEREZ, RALPH

NORTH MIAMI BEACH, FL 33179

NORTH MIAMI BEACH, FL 33179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Change

Addition

TOINE 1915T. # A 204

MIANI, FL. 33179

MIAMI, FL. 33179

CHRIS NIBJEN

STREET ADDRESS 1701 NE 19151-#A-413

DIRECTOR

FILED

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ANNUAL	L REPORT						
DOCUMENT #717409							
ROLLING GREEN CONDOMINIUM			ATTACHMENT				
Principal Place of Business Mailing Address 1701 N.E. 191ST STREET 1701 N.E. 191 MIAMI, FL 33179 MIAMI, FL 333		TREET					
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1701 NE 1915		1/51.	400				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	OFFICE		04142007 Chg-NP CR2E037 (12/06)			
City & State	City & State MIAMI, F1.	AMI, FL		4. FEI Number			
Zip Country	3.3178	Country HIAMI-DADE	5. Certificate of S		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Add	tress of New Registere	d Agent		
BROUGH, CHADROW & LEVINE, P.A. GLOBAL COMMERCE CENTER		Name Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
1900 NORTH COMMERCE PARKWAY WESTON, FL 33326						 .	
	City	<u> </u>	F	Zip Code	e		
The above named entity submits this statement the obligations of registered agent.	or the purpose of changing	its registered office or reg	jistered agent, or both, in	the State of Florida. I a	m familiar with,	and accept	
						ļ	
SIGNATURE	nt and title it applicable. (f	NOTE. Registered Agent signature re	oured when reinstating)	J)A(I	Ĕ	[
Filing Fee is \$61.25 Due by May 1, 2007	1	9. Election Campaign Financing Trust Fund Contribution.		.00 May Be Make check payable to Florida Department of State			
10. OFFICERS AND D	IRECTORS	11.		ES TO OFFICERS AND	DIRECTORS IN		
TITLE PD NAME BYRD, BEATRICE	Delete	TITLE DI	PRECTOR DIAZ	#1-420	☐ Change	Addition	
STREET ADDRESS 1701 NE 191 ST SUITE 120 OITY-ST-ZIP N MIAMI BEACH, FL		STREET ADDRESS / 7	PANK DAZ OI NE 1915. IAMI, FL. 331	79			
TITLE VD	Detete	TITLE	<i></i>		Change	Addition	
NAME RUIZ, JUSTOS STHEET ADDRESS 1701 NE 191 ST SUITE 310		NAME STREET ADDRESS				}	
City-St-ZiP NORTH MIAMI BEACH, FL 331	179 Delete	CITY-ST-ZIP TITLE			☐ Change	Addition	
NAME FALLAS, LUIS G.	Delete	NAME			[] Change	C ADDITION	
STREET ADDRESS 1701 NE 191 ST SUITE 115 CITY-SI-ZIP N MIAMI BEACH, FL		STREET ADDRESS City-St-Zip				_	
IIILE S NAME NOAMI, MATOS	Delete	TITLE NAME	· ·		☐ Change	Addition	
STREET ADDRESS 1701 NE 191 ST SUITE 302 CITY-SI-ZIP NORTH MIAMI BEACH, FL 33	179	STREET ADDRESS CITY-ST-ZIP					
THE D	Delete	TITLE			☐ Change	Addition	
NAME CHAVEZ, TIMOTHY STREET ADDRESS 1701 NE 191 ST SUITE 411		NAME STREET ADDRESS					
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33		CITY-ST-ZIP					
NAME PEREZ, RALPH	Delete	TITLE NAME			☐ Change	☐ Addition	
SIRFET ADDRESS 1701 NE 191 ST SUITE 112							
CITY-ST-ZIP NORTH MIAMI BEACH, FL 331	170	STREET ADDRESS CITY-ST-ZIP					

Increase terms that the information supplied with this iming does not guarity 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 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:

SIGNATURE:

SIGNATURE:

SIGNATURE

Description of 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 the corporation or one attachment with an address, with all other like empowered.

Description of 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 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 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 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 the corporation or the receiver or trustee empowered to execute the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporati