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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Candra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716027 (8)

1. Corporation Name
ROLLING GREEN CONDOMINIUM D, INC.

Principal Place of Business Mailing Address

1401 NE 191 STREET
N. MIAMI BEACH FL 33179

1401 NE 191 STREET
N. MIAMI BEACH FL 33179

2. Principal Place of Business 2a. Mailing Address

21 1401 NE 191 ST. 26 1401 NE 191 ST.

22 Suite, Apt #, etc. 27 Suite, Apt #, etc.

23 City & State N. MIAMI BEACH, FL. 28 City & State N. MIAMI BEACH, FL.

24 Zip 33179 25 County DADE 29 Zip 30 County DADE

3. Date Incorporated or Qualified 02/11/1969 3a. Date of Last Report 05/01/1994

4. FEI Number 59-1274688 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

FABBER, JUDITH
1401 NE 191 ST
APT 120
N MIAMI BCH FL 33179

10. Name and Address of New Registered Agent

B1 Name WACHOLDER NORMA
B2 Street Address (P.O. Box Number is Not Acceptable) 1401 NE 191 ST
B3 APT 104
B4 City No. MIAMI BEACH FL B5 Zip Code 33179

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Norma Wacholder NORMA WACHOLDER President 4/18/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COHEN, GLORIA
STREET ADDRESS	1401 N-E 191 STREET
CITY, ST, ZIP	N-MIAMI BCH FL
TITLE	SD
NAME	FABBER, JUDITH
STREET ADDRESS	1401 N E 191 ST
CITY, ST, ZIP	N MIAMI BCH FL
TITLE	VD
NAME	CHERNIKORR, MURRAY
STREET ADDRESS	1401 NE 191 ST
CITY, ST, ZIP	N MIAMI BCH FL
TITLE	D
NAME	DOWD, JACQUELINE
STREET ADDRESS	1401 NE 191 ST
CITY, ST, ZIP	N MIAMI BEACH FL
TITLE	D
NAME	KRAMMER, AGNES
STREET ADDRESS	1401 NE-191 ST.
CITY, ST, ZIP	N MIAMI BEACH FL
TITLE	D
NAME	ZAFFIRO, JOSEPH
STREET ADDRESS	1401 NE-191 ST
CITY, ST, ZIP	N MIAMI BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	WACHOLDER, NORMA	
13 STREET ADDRESS	1401 NE 191 STREET APT 104	
14 CITY, ST, ZIP	N MIAMI BEACH, FL 33179	
21 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SCHULTZ ALBERT	
23 STREET ADDRESS	1401 NE 191 ST APT 316	
24 CITY, ST, ZIP	N MIAMI BEACH, FL 33179	
31 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MELWORM BELLA	
33 STREET ADDRESS	1401 NE 191 ST APT 405	
34 CITY, ST, ZIP	N MIAMI BEACH, FL 33179	
41 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	WEINSTEIN EVELYN	
43 STREET ADDRESS	1401 NE 191 ST APT. 204	
44 CITY, ST, ZIP	N MIAMI BEACH, FL 33179	
51 TITLE	COR. SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	SCHORR ROSE	
53 STREET ADDRESS	1401 NE 191 ST APT 415	
54 CITY, ST, ZIP	N MIAMI BEACH, FL 33179	
61 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	NEEDELMAN, GOLDIE	
63 STREET ADDRESS	1401 NE 191 ST	
64 CITY, ST, ZIP	N MIAMI BEACH FL 33179	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bella Melworm 4/18/95 305-940-3696

BELLA MELWORM, TREASURER

TITLE - DIRECTOR
NAME - LAMKAY, MIRIAM APT.
ST/ADDRESS - 1401 NE 191 ST. 212
CITY N. MIAMI BEACH, FL. 33179

TITLE. ASSOCIATE DIRECTOR
NAME - WACHHOLDER, VICTOR
ADDRESS - 1401 NE 191 ST. APT
104
CITY - N. MIAMI BEACH, FL. 33179