

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716027 (8)

1. Corporation Name
ROLLING GREEN CONDOMINIUM D, INC.



Principal Place of Business: **1401 NE. 191 ST. N. MIAMI BEACH FL 33179**
Mailing Address: **1401 NE. 191 ST. N. MIAMI BEACH FL 33179**

3. Date Incorporated or Qualified: **02/11/1969**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4.	FEI Number	Applied For
	59-1274688	<input type="checkbox"/> Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**WACHHOLDER, NORMA
1401 NE 191 ST
APT 104
NO MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent

81	Name	WOLFF, RUTH
82	Street Address (P.O. Box Number Not Acceptable)	1401 NE 191 STREET APT. 213
83		
84	City	NO. MIAMI BEACH FL
85	Zip Code	33179

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Ruth Wolff* **RUTH WOLFF SECRETARY** **4/5/96**
Signature typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input checked="" type="checkbox"/>
NAME	LAMKAY, MIRIAM	
STREET ADDRESS	1401 NE 191 STREET, APT. 212	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	AD	<input checked="" type="checkbox"/>
NAME	WACHHOLDER, VICTOR	
STREET ADDRESS	1401 N E 191 STREET, APT. 104	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input type="checkbox"/>
NAME	NEEDELMAN, GOLDIE	
STREET ADDRESS	1401 NE 191 ST	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	D	<input type="checkbox"/>
NAME	WACHHOLDER, NORMA	
STREET ADDRESS	1401 NE. 191 STREET, APT. 104	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	SCHULTZ, ALBERT	
STREET ADDRESS	1401 NE 191 STREET, APT.316	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	T	<input type="checkbox"/>
NAME	MEWORM, BELLA	
STREET ADDRESS	1401 NE 191 STREET, APT. 405	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	LAMKAY, MIRIAM		
1.3 STREET ADDRESS	1401 NE 191 STREET APT. 212		
1.4 CITY-ST-ZIP	N MIAMI BEACH FL. 33179		
2.1 TITLE	V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	FISHMAN, IRWIN		
2.3 STREET ADDRESS	1401 NE 191 STREET APT. 215		
2.4 CITY-ST-ZIP	N MIAMI BEACH FL 33179		
3.1 TITLE	V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	SCHORR, ROSE		
3.3 STREET ADDRESS	1401 NE 191 STREET APT 415		
3.4 CITY-ST-ZIP	N MIAMI BEACH FL 33179		
4.1 TITLE	C.S.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	MILLS, DORA		
4.3 STREET ADDRESS	1401 NE 191 ST. APT 306		
4.4 CITY-ST-ZIP	N MIAMI BEACH FL 33179		
5.1 TITLE	S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	WOLFF, RUTH		
5.3 STREET ADDRESS	1401 NE 191 STREET APT 213		
5.4 CITY-ST-ZIP	N MIAMI BEACH FL 33179		
6.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	SCHLOSBERG, RUTH		
6.3 STREET ADDRESS	1401 NE 191 STREET APT. 218		
6.4 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 Meworm* **APRIL 5, 1996** **305.947.6011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)