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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

**1401 NE. 191 ST.
N. MIAMI BEACH FL 33179**

**1401 NE. 191 ST.
N. MIAMI BEACH FL 33179-6104**

3. Date Incorporated or Qualified
02/11/1969

3a. Date of Last Report
04/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOLFF, RUTH
1401 NE 191 TREET APT. 213
NO MIAMI BEACH FL 33179**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Ruth Wolff

RUTH WOLFF - SEC

4/19/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LAMKAY, MIRIAM	
STREET ADDRESS	1401 NE 191 STREET APT. 212	
CITY - ST - ZIP	N. MIAMI BEACH FL 33179	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FISHMAN, IRWIN	
STREET ADDRESS	1401 NE 191 STREET APT. 215	
CITY - ST - ZIP	N. MIAMI BEACH FL 33179	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEEDELMAN, GOLDIE	
STREET ADDRESS	1401 NE 191 ST APT. 206	
CITY - ST - ZIP	N MIAMI BEACH FL 33179	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WACHOLDER, NORMA	
STREET ADDRESS	1401 NE 191 STREET, APT. 104	
CITY - ST - ZIP	N. MIAMI BEACH FL 33179	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHORR, ROSE	
STREET ADDRESS	1401 NE 191 STREET APT. 213	
CITY - ST - ZIP	NO. MIAMI BEACH FL 33179	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MEWORM, BELLA	
STREET ADDRESS	1401 NE 191 STREET, APT. 405	
CITY - ST - ZIP	N MIAMI BEACH FL 33179	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MILLS, DORA
1.3 STREET ADDRESS	1401 NE 191 ST. APT. 306
1.4 CITY - ST - ZIP	N. MIAMI BEACH, FL 33179
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCHLOSBERG, RUTH
2.3 STREET ADDRESS	1401 NE 191 ST APT 218
2.4 CITY - ST - ZIP	N. MIAMI BEACH, FL 33179
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROTHSTEIN, MILDRED
3.3 STREET ADDRESS	1401 NE 191 ST APT
3.4 CITY - ST - ZIP	N MIAMI BEACH, FL 33179
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bella Meworm
BELLA MEWORM
TREASURER
4/19/97
305-940-3696

Date

Daytime Phone # 0033304

CR2E037 (9/96)