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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

4. FEI Number
59-1274688

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

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

Ruth Wolff

RUTH WOLFF - SEC

4/19/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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:

Bella Meworm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BELLA MEWORM 305-
TREASURER 4/19/97 940-3696
Date Daytime Phone # 0033304

CR2E037 (9/96)