


FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 02/11/1999	
4. FEI Number 59-1274688	Applied For <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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent WOLFF, RUTH 1401 NE 191 TREET APT. 213 NO MIAMI BEACH FL 33179	
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10. Name and Address of New Registered Agent			
81 Name NEEDELMAN, GOLDIE			
82 Street Address (P.O. Box Number is Not Acceptable) 1401 NE 191 STREET APT 206			
83			
84 City N. MIAMI BEACH	85 State FL	86 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 **GOLDIE NEEDELMAN - SECRETARY Goldie Needelman** 3/17/98
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 P	MILLS, DORA	1.1 TITLE P	LAMKAY, MIRIAM
NAME		1.2 NAME	
STREET ADDRESS 1401 NE 191ST STREET, APT 306		1.3 STREET ADDRESS 1401 NE 191ST STREET, APT. 212	
CITY-ST-ZIP N. MIAMI BEACH FL	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	SCHLOSBERG, RUTH	2.1 TITLE VP	FORTUNATO, JOSE
NAME		2.2 NAME	
STREET ADDRESS 1401 NE 191 ST APT 218		2.3 STREET ADDRESS 1401 NE 191 STREET APT 402	
CITY-ST-ZIP N. MIAMI BEACH FL	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D S	NEEDELMAN, GOLDIE	3.1 TITLE S	THOMPSON, JITKA
NAME		3.2 NAME	
STREET ADDRESS 1401 NE 191 ST APT 206		3.3 STREET ADDRESS 1401 NE 191 STREET APT. 201	
CITY-ST-ZIP N. MIAMI BEACH FL	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S	ROTHSTEIN, MILDRED	4.1 TITLE D	DAVIS, JED
NAME		4.2 NAME	
STREET ADDRESS 1401 NE 191 ST, APT		4.3 STREET ADDRESS 1401 NE 191 ST APT 418	
CITY-ST-ZIP N. MIAMI BEACH FL	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V	SCHORR, ROSE	5.1 TITLE D	WOLFF, RUTH
NAME		5.2 NAME	
STREET ADDRESS 1401 NE 191 STREET APT. 213		5.3 STREET ADDRESS 1401 NE 191 ST. APT 213	
CITY-ST-ZIP NO. MIAMI BEACH FL 33179	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	MEWORM, BELLA	6.1 TITLE D	ZWERIN, MICHAEL
NAME		6.2 NAME	
STREET ADDRESS 1401 NE 191 STREET, APT. 405		6.3 STREET ADDRESS 1401 NE 191 STREET APT 409	
CITY-ST-ZIP N. MIAMI BEACH FL 33179	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I 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.
BELLA MELWORM

SIGNATURE: **Bella Melworm** TREASURER 3/17/98 305-940-3696

CR2E037 (10/97)