


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

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **NEEDELMAN, GOLDIE**

82 Street Address (P.O. Box Number is Not Acceptable)
1401 NE 191 STREET APT 206

83 City **N. MIAMI BEACH**

85 Zip Code **FL 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MILLS, DORA	
STREET ADDRESS	1401 NE 191ST STREET, APT 308	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHLOSBERG, RUTH	
STREET ADDRESS	1401 NE 191 ST APT 218	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D S	<input type="checkbox"/> DELETE
NAME	NEEDELMAN, GOLDIE	
STREET ADDRESS	1401 NE 191 ST APT 208	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ROTHSTEIN, MILDRED	
STREET ADDRESS	1401 NE 191 ST, APT	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	V	<input checked="" 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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LAMKAY, MIRIAM	
1.3 STREET ADDRESS	1401 NE 191ST STREET, APT. 212	
1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FORTUNATO, JOSE	
2.3 STREET ADDRESS	1401 NE 191 STREET APT 402	
2.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMPSON, JITKA	
3.3 STREET ADDRESS	1401 NE 191 STREET APT. 201	
3.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVIS, JED	
4.3 STREET ADDRESS	1401 NE 191 ST APT 418	
4.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WOLFF, RUTH	
5.3 STREET ADDRESS	1401 NE 191 ST. APT 213	
5.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ZWERIN, MICHAEL	
6.3 STREET ADDRESS	1401 NE 191 STREET APT 409	
6.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	

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.

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

CR2E037 (10/97)