


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90035 021 ****61.25

DOCUMENT # 716027
 1. Entity 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. 11936 SW 8TH STREET N. MIAMI BEACH FL 33179**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **1401 NE 191 Street**
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State: **North Miami Beach, FL**
 Zip: **33179** Country: **USA**

4. FEI Number: **59-1274688**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WINSTON, SELMA
1401 NE. 191 ST.
APT 210
NO MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MELAMED, WENDY	
STREET ADDRESS	1401 NE 191ST ST #402	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WACHHOLDER, NORMA	
STREET ADDRESS	1401 NE 191ST ST #104	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	CS.	<input type="checkbox"/> Delete
NAME	WINSTON, SELMA	
STREET ADDRESS	1401 NE. 191 ST., #210	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	COHEN, GLORIA	
STREET ADDRESS	1401 NE. 191 ST., #217	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEWORM, BELLA	
STREET ADDRESS	1401 NE 191 STREET, APT. 405	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julia Thompson	
STREET ADDRESS	1401 NE 191 St #201	
CITY-ST-ZIP	North Miami Beach, FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wendy Melamed **Wendy Melamed** **4/2/05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #