

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90970 019 ****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.
N. MIAMI BEACH FL 33179**

11021382



2. Principal Place of Business
1401 NE 191 ST.

3. Mailing Address
**C/O J.R. Gonzalez
Suite, Apt. #, etc. #55025, INC
11936 SW 8th STREET**

CHECK HERE IF MAKING CHANGES

City & State
N. Miami Beach, FL

City & State
Miami, FL

4. FEI Number **59-1274688**

Applied For
 Not Applicable

Zip
33179

Country
U.S.A.

Zip
33184

Country
U.S.A.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, JITKA
1401 NE 141 ST
APT 201
NO MIAMI BEACH FL 33179**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete -
NAME **MELANEO, WENDY**
STREET ADDRESS **1401 NE 141 ST, APT 402**
CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE **PD** Change Addition
NAME **Melamed, Wendy**
STREET ADDRESS **1401 NE 191ST ST, #402**
CITY-ST-ZIP **N. Miami Beach, FL 33179**

TITLE **VPD** Delete
NAME **AUSTIN, DEAN**
STREET ADDRESS **1401 NE 141 ST, APT 404**
CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE **VPD** Change Addition
NAME **WACHHOLDER, NORMA**
STREET ADDRESS **1401 NE 191ST ST, #104**
CITY-ST-ZIP **N. Mia. Beach, FL 33179**

TITLE **RSD** Delete
NAME **NEEDELMAN, GOLDIE**
STREET ADDRESS **1401 NE 191 ST, APT 206**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CS** Delete
NAME **THOMPSON, JITKA**
STREET ADDRESS **1401 NE 141 ST, APT 201**
CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE **CS** Change Addition
NAME **Thompson, JITKA**
STREET ADDRESS **1401 NE 191ST ST, #201**
CITY-ST-ZIP **N. Miami Beach, FL 33179**

TITLE **D** Delete
NAME **AYBAR, FREDDIE**
STREET ADDRESS **1401 NE 141 ST, APT 416**
CITY-ST-ZIP **NO. MIAMI BEACH FL 33179**

TITLE **D** Change Addition
NAME **Aybar, Freddie**
STREET ADDRESS **1401 NE 191ST ST, APT. 416**
CITY-ST-ZIP **N. Miami Beach, FL 33179**

TITLE **T** Delete
NAME **MEWORM, BELLA**
STREET ADDRESS **1401 NE 191 STREET, APT. 405**
CITY-ST-ZIP **N MIAMI BEACH FL 33179**

TITLE Change 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: X SIGNATURE REQUIRED

CR2E037 (10/02)