

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717409 (7)

1. Corporation Name

ROLLING GREEN CONDOMINIUM A, INC.



Principal Place of Business

**1701 N.E. 191ST.
NORTH MIAMI BEACH FL 33179**

Mailing Address

**1701 N.E. 191ST.
NORTH MIAMI BEACH FL 33179**

3. Date Incorporated or Qualified

10/23/1969

3a. Date of Last Report

06/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

4. FEI Number

59-1309390

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

KAY, MORRIS

1701 NE 191 ST

APT.416

N 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **KAY, MORRIS**
CITY - ST - ZIP **1701 N.E. 191 ST.
N MIAMI BEACH FL**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **BELL, MORRIS**
CITY - ST - ZIP **1701 N.E. 191 ST.
N MIAMI BEACH FL**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **BREMEN, BERNICE**
CITY - ST - ZIP **1701 N.E. 191 ST.
N MIAMI BEACH FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **FISHBEIN, ROBERT**
CITY - ST - ZIP **1701 N.E. 191 ST.
N MIAMI BEACH FL**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **SHULL, MARY**
CITY - ST - ZIP **1701 NE 191ST STREET
N. MIAMI BEACH FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DE FIORE, SANTO**
CITY - ST - ZIP **1701 NE 191ST STREET
NO MIAMI BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **SECRETARY**
1.3 STREET ADDRESS **SAMPSON, CLARA**
1.4 CITY - ST - ZIP **1701 NE 191ST
N. MIAMI BCH FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **RODRIGUEZ, JOSE**
2.4 CITY - ST - ZIP **1701 NE 191ST
N. MIAMI BCH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)