

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33179-42003. Date Incorporated or Qualified
10/23/19693a. Date of Last Report
02/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-1309390

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐Yes ☐ No

9. Name and Address of Current Registered Agent

KAY, MORRIS
1701 NE 191 ST
APT.416
N MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

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

Beatrice B. Byrd

Beatrice B. Byrd

2.2.97

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	KAY, MORRIS	
STREET ADDRESS	1701 N.E. 191 ST.	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BELL, MORRIS	
STREET ADDRESS	1701 N.E. 191 ST.	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BREMEN, BERNICE	
STREET ADDRESS	1701 N.E. 191 ST.	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FISHBEIN, ROBERT	
STREET ADDRESS	1701 N.E. 191 ST.	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SAMFESS, CLARA	
STREET ADDRESS	1701 NE 191 ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DE FIORE, SANTO	
STREET ADDRESS	1701 NE 191ST STREET	
CITY-ST-ZIP	NO MIAMI BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BYRD, BEATRICE	
1.3 STREET ADDRESS	1701 N.E. 191 ST	
1.4 CITY-ST-ZIP	N MIAMI BEACH FL 33179	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	BILL KERRY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	1701 N.E. 191 ST	
4.3 STREET ADDRESS	N MIAMI BEACH, FL 33179	
4.4 CITY-ST-ZIP		
5.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SANTRAYLL, ARMANDO	
5.3 STREET ADDRESS	1701 N.E. 191 ST	
5.4 CITY-ST-ZIP	N MIAMI BEACH, FL 33179	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ELLIOITT, JERRY	
6.3 STREET ADDRESS	1701 N.E. 191 ST	
6.4 CITY-ST-ZIP	N MIAMI BEACH, FL 33179	

14. I do 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:

Beatrice B. Byrd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033287

2.2.97 305-947-4662

CR2E037 (9/96)