


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 717409					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/23/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1309390	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		25		Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BYRD, BEATRICE 1701 NE 191 ST N MIAMI BEACH FL 33179				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE NAME BYRD, BEATRICE STREET ADDRESS 1701 N.E. 191 ST. CITY-ST-ZIP N MIAMI BEACH FL				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE NAME VP STREET ADDRESS DASHIFF, CARY CITY-ST-ZIP 1701 NE 191 ST N MIAMI BEACH FL				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME VICE-PRES. 2.3 STREET ADDRESS FISHBEIN, ROBERT 2.4 CITY-ST-ZIP 1701 NE 191 ST N MIAMI BEACH FL 33179			
TITLE <input type="checkbox"/> DELETE NAME T STREET ADDRESS BREMEN, BERNICE CITY-ST-ZIP 1701 N.E. 191 ST. N MIAMI BEACH FL				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE NAME D STREET ADDRESS GILL, KERRY CITY-ST-ZIP 1701 N.E. 191 ST. N MIAMI BEACH FL				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME SECRETARY 4.3 STREET ADDRESS KAY, MYRA 4.4 CITY-ST-ZIP 1701 NE 191 ST N MIAMI BEACH FL 33179			
TITLE <input checked="" type="checkbox"/> DELETE NAME D STREET ADDRESS DE FIORE, SANTO CITY-ST-ZIP 1701 NE 191 ST NORTH MIAMI BEACH FL				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME CHAVES, HELEN 5.3 STREET ADDRESS 1701 NE 191 ST 5.4 CITY-ST-ZIP N MIAMI BEACH FL 33179			
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS MOSCHOPOULOS, JERRY CITY-ST-ZIP 1701 NE 191ST STREET NO MIAMI BCH FL				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)