FILE NOW: FILING FEE AFTER MAY 1 IS $155.00 4-19-95 B- 3911- C

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95 APR 19 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **760989** **(4)**

1. Corporation Name

GREEN HILLS PARK WEST CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17070 [redacted] SW 112TH COURT MIAMI FL 33157	17070 [redacted] SW 112TH COURT MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1981
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1369599 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 SAME	26 [redacted] MIAMI FL 33157
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. VILLA 4
23 City & State	28 City & State MIAMI, FL
24 Zip / 25 Country	29 Zip 33157 / 30 Country DADE

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROSENBAUM, LEO
16845 SW 112 CT
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name: MARION WOODWARD
82 Street Address (P.O. Box Number is Not Acceptable): 17157 SW 112 CT
83: VILLA 4
84 City: MIAMI FL 85 Zip Code: 33157

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: MARION WOODWARD Marion Woodward, Trustee, 4/15/95
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	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	NEWMAN, GEORGE	1.2 NAME		
STREET ADDRESS	11242 SW 169TH ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSENBAUM, LEO	2.2 NAME		
STREET ADDRESS	16845 SW 112 CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	RASKIN, EDITH	3.2 NAME		
STREET ADDRESS	11229 SW 169TH STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	WOODARD, MARION	4.2 NAME		
STREET ADDRESS	17157 SW 112TH COURT	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	DELONG, KATHRYN	5.2 NAME		
STREET ADDRESS	11342 SW 172ND ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: MARION WOODWARD Marion Woodward 4/15/95 305-232-2319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000980