


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90037 022 \*\*\*\*61.25

0032605

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 760989</b>					
1. Corporation Name <b>GREEN HILLS PARK WEST CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business 17070 SW 112TH COURT MIAMI FL 33157 US			Mailing Address 17157 SW 112 COURT MIAMI FL 33157 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/08/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1369599	
22		27		Applied For Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Zip	29	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WOODWARD, MARION</b> <b>17157 SW 112 COURT</b> <b>VILL4</b> <b>MIAMI FL 33157</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				<b>FL</b>			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRES. D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PIERCE, MILDRED M.			1.2 NAME	BRUNILDA GONZALEZ		
STREET ADDRESS	17104 S.W. 113 COURT			1.3 STREET ADDRESS	17104 SW 112 Ct		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI, FL 33157		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> 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	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOODWARD, MARION			3.2 NAME			
STREET ADDRESS	17157 SW 112TH COURT			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	VP + SECY D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DELONG, KATHRYN			4.2 NAME	BOBBY J. ROBERTS		
STREET ADDRESS	11342 SW 172ND ST.			4.3 STREET ADDRESS	17004 SW 113 CT		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	MIAMI, FL 33157		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99 305-232-2219  
Date Daytime Phone #

CR2E037 (11/98)