

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-09-2004 90050 004 ****61.25

DOCUMENT # 760989 1. Entity Name GREEN HILLS PARK WEST CIVIC ASSOCIATION, INC.					
Principal Place of Business 17070 SW 112TH COURT PLACE MIAMI FL 33157 US				Mailing Address 17157 SW 112 COURT MIAMI FL 33157 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 17070 SW 112 PLACE Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 59-1369599	
Zip 33157		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POTTER, BEV 17070 SW 112 PLACE MIAMI FL 33157				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Bev Potter Beverly Potter</u> DATE <u>1-27-04</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RACATS, BARY J 17070 SW 112 PLACE MIAMI FL 33157	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MABEL CARMICHAEL 17070 SW 112 CT MIAMI, FL 33157	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOCKHAUSEN, LOIS 11264 SW 172 ST MIAMI FL 33157	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bobbie Roberts 17070 SW 112 CT MIAMI, FL 33157	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOODWARD, MARION 17070 SW 112 PLACE MIAMI, FL 33157	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jo Duke 17070 SW 112 CT MIAMI, FL 33157	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASTILLO, MARY 16904 SW 113 CIR MIAMI FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>X Jo Duke</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>1-28-04</u>		Daytime Phone # <u>305 233-0874</u>