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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

FILED									
Feb 03 1998 8:00am									
Secretary of State									

, Corporate	ar riging	` '			ı					
GREE	WICH III ASSOCIATION, IN	C.								
Principal Place of Business Mailing Address						!		30 01 0 1014 6 00		
1550 NE 123RI NORTH MIAMI US		5005 W. LAUREL STREET SUITE 206 TAMPA FL 33607			-	3. Date Incorporated or Qualified 10/22/1984 4. FEI Number	ed		plied For]
0.01	N/ D	Do Marin Add				59-2459566			t Applicable	1
2. Principal F	Place of Business	2a. Mailing Address 26				5. Certificate of Status Desired		\$8.75 A Fee Re		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Confribution	,	\$5.00 A Added to]
City & Stat	te	City & State								1
23		28				7. Is this nonprofit corporation a homeowners association? Yes No				
Zip	Country	Zlp	Count	У		8. This corporation owes or has				ļ
24	25	29	30			Personal Property Tax due J			No	1
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New	Registered Ag	ent		_
			8	Name						ı
REINHARD, SANFORD N. 2875 NE 191ST ST., SUITE 404			8:	2 Street	Address	s (P.O. Box Number is Not Accer	otable)			1
NORTH MIAMI BEACH FL 33180			8	3					-, -,,,	1
			8	1 City		. <u> </u>	FL	85 Zip (Code	1
11. Pursuant	to the provisions of Sections 617.050; registered agent, or both, in the State am familiar with, and accept the obliga	2 and 617.1508, Florida Statu	tes, the abo	ve-named	corpora	ation submits this statement for the	ne purpose of ch	nanging its	s registered	-
agent. I a	am familiar with, and accept the obliga	tions of, Section 617.0503, Fl	orida Statut	sy the corp es.	poration	is poatd of directors, it liefeby ac	cept the appoin	ini iletir az	registered	
SIGNATURE							· <u> </u>			l
	Signature, typed or printed name of registered ager			gent signature	required v	when reinstating)	DATE	DE0700	0.11.40	-16
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF				18
TITLE	STD CANEODD M	L DELETE	1.1 TITLE 1.2 NAME				i	Change	Addition	13
NAME	REINHARD, SANFORD N. 2875 NE 191ST ST., #404									5
STREET ADDRESS	N. MIAMI BEACH FL			T ADDRESS	1					l
CITY-ST-ZIP TITLE	VD VD	DELETE	1.4 CITY- 2.1 TITLE					Change	Addition	16
	ADAMS, SYLVAN						<u></u>	1 Onlings	L_I Addition	ľ
NAME	4141 SHERBROOKE ST. WEST	•	2.2 NAME							l
STREET ADDRESS	MONTREAL QUEBEC CANADA			T ADDRESS			<u> </u>			
CITY-ST-ZIP TITLE	PD PD	DELETE	2. 4 CITY 3.1 TITLE	-31-4P	 		*:	KChange	Addition	1
NAME	STARKER, CHAYA		3.2 NAME				_	, 4		
STREET ADDRESS	5005 W. LAUDREL ST., STE. 2	ne			500	5 W. Laurel St	Ste.	206		
CITY-ST-ZIP	TAMPA FL		3.4. CITY				, 200.			1
TITLE		DELETE	4.1 TITLE	SI-ZIF			· ·	Change	Addition	l
NAME	·	_ · · · · · · ·	4, 2 NAM	:				- *	_	
STREET ADDRESS				T ADDRESS	1					
CITY-ST-ZIP			4.4 CITY-							
TITLE		☐ DELETE	5.1 TITLE	U. EII		<u> </u>		Change	Addition .	ĺ
NAME			5.2 NAME					-		
STREET ADDRESS				T ADDRESS						ŀ
CITY-ST-ZIP			5.4 CITY-							
TITLE		DELETE	6.1 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME	İ				į					1
			6.2 NAME	ſ	Ī					ı
STREET ADDRESS				T ADDRESS						
STREET ADDRESS CITY-ST-ZIP				T ADDRESS						

I hereby certify that the information supplied with this filling 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 armodywered 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 attack ment with an address.

SIGNATURE:

1-21-98