

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90139 050 ***158.75

DOCUMENT # P95000020988

1. Corporation Name
GREEN VISTA APARTMENTS, INC.

Principal Place of Business
490 OPA LOCKA BLVD.
#20
OPA LOCKA FL 33054

Mailing Address
490 OPA LOCKA BLVD.
#20
OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/14/1995

4. FEI Number
65-0565625

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, BALDWIN S
490 OPA-LOCKA BOULEVARD
SUITE 20
OPA-LOCKA FL 33054

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 PD ☐ DELETE
NAME WILLIAMS-BALDWIN, STEPHANIE
STREET ADDRESS 490 OPA LOCKA BLVD., #20
CITY-ST-ZIP OPA LOCKA FL 33054

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D
1.3 STREET ADDRESS WILLIAM HIGGINS
1.4 CITY-ST-ZIP 429 MAPLE BLUFF CIRCLE
MILBURN, FLA 32940-1836

TITLE VPD ☒ DELETE
NAME THOMPSON, LARRY
STREET ADDRESS 3291 N.W. 132 TERRACE, #5
CITY-ST-ZIP OPA LOCKA FL 33054

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD ☐ DELETE
NAME FELTON, MILTON
STREET ADDRESS 5190 N.W. 167 STREET, #202
CITY-ST-ZIP MIAMI FL 33014

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LOGAN, WILLIE
STREET ADDRESS 18870 N.W. 53 TERRACE
CITY-ST-ZIP MIAMI FL 33015

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SABIR, NASHID
STREET ADDRESS 18350 N.W. 2 AVENUE, 5TH FLOOR
CITY-ST-ZIP MIAMI FL 33169

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, 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: Stephanie Williams Baldwin 4/26/99 (305) 687-3045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)