


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000020988 1. Entity Name GREEN VISTA APARTMENTS, INC.	
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Principal Place of Business 490 OPA LOCKA BLVD. #20 OPA LOCKA, FL 33054	Mailing Address 490 OPA LOCKA BLVD. #20 OPA LOCKA, FL 33054
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03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0565625	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, BALDWIN S 490 OPA-LOCKA BOULEVARD SUITE 20 OPA-LOCKA, FL 33054
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WILLIAMS-BALDWIN, STEPHANIE 490 OPA LOCKA BLVD., #20 OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WILSON, PAULETTE 15830 N.W. 17 COURT OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BARNETT, WILLIE 6600 N.W. 27 AVENUE -SUITE 109 MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LOGAN, WILLIE 18870 NW 53 PL MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SABIR, NASHID 18350 N.W. 2 AVENUE, 5TH FLOOR MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MILLER, JERRY 8221 N.W. 198 STREET HIALEAH, FL 33015

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04/30/05-80058-003 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: Stephanie Williams-Baldwin (305) 687-3545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #