

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 15 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717098 (8)

1. Corporation Name
RO-MONT GARDENS ANDOVER CONDOMINIUM "K", INC.

Principal Place of Business Mailing Address
52 N.E. 20TH ST. NO. MIAMI FL 33179 52 N.E. 204TH ST. NO. MIAMI FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/05/1969	3a. Date of Last Report 03/17/1994
4. FEI Number 59-1364102	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

HASHIM, RAYMOND
52 NE 204TH ST.
N.MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASHIM, RAYMOND	1.2 NAME	
STREET ADDRESS	52 N.E. 204TH ST. #K17	1.3 STREET ADDRESS	
CITY-ST-ZIP	N.MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHY MENDES	2.2 NAME	
STREET ADDRESS	52 NE 204TH ST., K-3	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, LAURA	3.2 NAME	
STREET ADDRESS	52 NE 204TH ST K10	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEMER, DOROTHY	4.2 NAME	
STREET ADDRESS	52 NE 204TH ST K14	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDES, KATHY	5.2 NAME	
STREET ADDRESS	52 NE 204TH ST., K-10	5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SHIRLEY	6.2 NAME	
STREET ADDRESS	52 N.E. 204TH ST K/32	6.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothy Roemer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-95

Date

Daytime Phone #