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Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 717098 (8)
1. Corporation Name
RO-MONT GARDENS ANDOVER CONDOMINIUM "K", INC.



Principal Place of Business Mailing Address
52 N.E. 204TH ST. NO. MIAMI FL 33179
52 N.E. 204TH ST. NO. MIAMI FL 33179-6007

3. Date Incorporated or Qualified 09/05/1969 3a. Date of Last Report 03/05/1996
4. FEI Number 59-1364102 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 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
HASHIM, RAYMOND
52 NE 204TH ST.
N.MIAMI FL 33179

10. Name and Address of New Registered Agent
81 Name ABDALLAH, JACQUELINE
82 Street Address (P.O. Box Number is Not Acceptable) 52 NE 204th ST.
83 MIAMI, FL. 33179
84 City FL 85 Zip Code 33179

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE *Jacqueline Abdallah* DATE 3-24-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HASHIM, RAYMOND	
STREET ADDRESS	52 N.E. 204TH ST. #K17	
CITY-ST-ZIP	N.MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KATHY MENDES	
STREET ADDRESS	52 NE 204TH ST., K-3	
CITY-ST-ZIP	N MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICE, LAURA	
STREET ADDRESS	52 NE 204TH ST K10	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROEMER, DOROTHY	
STREET ADDRESS	52 NE 204TH ST K14	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MENDES, KATHY	
STREET ADDRESS	52 NE 204TH ST., K-18	
CITY-ST-ZIP	N MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, SHIRLEY	
STREET ADDRESS	52 N.E. 204TH ST K/32	
CITY-ST-ZIP	N MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ABDALLAH, JACQUELINE	
1.3 STREET ADDRESS	52 N.E. 204th St. #k3	
1.4 CITY-ST-ZIP	MIAMI, FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FOWLER, ROBERT	
2.3 STREET ADDRESS	52 N.E. 204th ST. #K9	
2.4 CITY-ST-ZIP	MIAMI, FL.	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROEMER, DOROTHY	
3.3 STREET ADDRESS	52 N.E. 204th ST. #K14	
3.4 CITY-ST-ZIP	MIAMI, FL.	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MENDES, KATHY	
4.3 STREET ADDRESS	52 N.E. 204th ST. #K18	
4.4 CITY-ST-ZIP	MIAMI, FL.	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BROWN, SHIRLEY	
5.3 STREET ADDRESS	52 N.E. 204th ST. #K32	
5.4 CITY-ST-ZIP	MIAMI, FL.	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PRICE, LAURA	
6.3 STREET ADDRESS	52 N.E. 204th ST. #K10	
6.4 CITY-ST-ZIP	MIAMI, FL.	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. DOROTHY ROEMER

SIGNATURE: *Dorothy Roemer* DATE 3-4-97 (305) 653-1126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0033253

CR2E037 (9/96)