


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 52 N.E. 204TH ST. NO. MIAMI FL 33179 | Mailing Address 52 N.E. 204TH ST. NO. MIAMI FL 33179 |
|--|--|

| | |
|---|---|
| 3. Date Incorporated or Qualified 09/05/1969 | |
| 4. FEI Number 59-1364102 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

ABDALLAH, JACQUELINE
52 N.E. 204TH ST.
MIAMI FL 33179

10. Name and Address of New Registered Agent

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

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: *Joseph Abdallah* DATE: **2-24-98**

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | PD <input checked="" type="checkbox"/> DELETE |
| NAME | HASHIM, RAYMOND |
| STREET ADDRESS | 52 N.E. 204TH ST. #K17 |
| CITY-ST-ZIP | N MIAMI FL |
| TITLE | PD <input checked="" type="checkbox"/> DELETE |
| NAME | ABDALLAH, JACQUELINE |
| STREET ADDRESS | 52 N.E. 204TH ST., #K3 |
| CITY-ST-ZIP | N MIAMI FL |
| TITLE | VD <input checked="" type="checkbox"/> DELETE |
| NAME | FOWLER, ROBERT |
| STREET ADDRESS | 52 N.E. 204TH ST., #K9 |
| CITY-ST-ZIP | N MIAMI FL |
| TITLE | TD <input checked="" type="checkbox"/> DELETE |
| NAME | ROEMER, DOROTHY |
| STREET ADDRESS | 52 NE 204TH ST K14 |
| CITY-ST-ZIP | N MIAMI FL |
| TITLE | SD <input checked="" type="checkbox"/> DELETE |
| NAME | MENDES, KATHY |
| STREET ADDRESS | 52 NE 204TH ST., K-18 |
| CITY-ST-ZIP | N MIAMI FL |
| TITLE | D <input checked="" 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 | P <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. 33179 |
| 2.1 TITLE | VP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | BROWN, SHIRLEY |
| 2.3 STREET ADDRESS | 52 N.E. 204TH St. #K32 |
| 2.4 CITY-ST-ZIP | MIAMI, FL. 33179 |
| 3.1 TITLE | T <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. 33179 |
| 4.1 TITLE | T <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | ABDALLAH, JOSEPH |
| 4.3 STREET ADDRESS | 52 NE 204TH ST. #K3 |
| 4.4 CITY-ST-ZIP | MIAMI, FL. 33179 |
| 5.1 TITLE | S <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | MENDES, KATHY |
| 5.3 STREET ADDRESS | 52 N.E. 204 TH ST. #K18 |
| 5.4 CITY-ST-ZIP | MIAMI, FL. 33179 |
| 6.1 TITLE | TR <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | FOWLER, ROBERT |
| 6.3 STREET ADDRESS | 52 N.E. 204TH ST. #K9 |
| 6.4 CITY-ST-ZIP | MIAMI, FL. 33179 |

14. 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 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.

SIGNATURE: *Dorothy Roemer* **2-24-98** **305-653-1126**

CFR2037 (10/97)