


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90092 002 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 717098**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/05/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1364102
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ABDALLAH, JACQUELINE 52 N.E. 204TH ST. MIAMI FL 33179		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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABDALLAH, JACQUELINE	1.2 NAME	
STREET ADDRESS	52 N.E. 204TH ST, #K3	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SHIRLEY	2.2 NAME	VP
STREET ADDRESS	52 N.E. 204TH ST, #K32	2.3 STREET ADDRESS	GUERIN, PHILIPPE
CITY-ST-ZIP	MIAMI FL 33179	2.4 CITY-ST-ZIP	52 NE 204th ST #K7
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	MIAMI FL 33179 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEMER, DOROTHY	3.2 NAME	
STREET ADDRESS	52 N.E. 204TH ST, #K14	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABDALLAH, JOSEPH	4.2 NAME	DONAHUE, CATHERINE
STREET ADDRESS	52 NE 204TH ST, #K3	4.3 STREET ADDRESS	52 NE 204th ST #8
CITY-ST-ZIP	MIAMI FL 33179	4.4 CITY-ST-ZIP	MIAMI, FL 33179
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDES, KATHY	5.2 NAME	
STREET ADDRESS	52 N.E. 204TH ST, #K18	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	5.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, ROBERT	6.2 NAME	
STREET ADDRESS	52 NE 204TH ST, #K9	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	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 617, 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: \_\_\_\_\_ SIGNATURE REQUIRED *Jacqueline Abdallah* 1/09/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)