


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90219 030 ****61.25

DOCUMENT # 717098					
1. Entity 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1364102	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HASHIM, RAYMOND RADZIKOWSKI, MAUREEN 52 N.E. 204TH ST. #17 #15 MIAMI, FL 33179				Name RADZIKOWSKI MAUREEN Street Address (P.O. Box Number is Not Acceptable) 52 NE 204th St 15K City MIAMI FL Zip Code 33179	
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 <i>Maureen Radzikowski</i> MAUREEN RADZIKOWSKI, TREASURER				DATE 4-21-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUERIN, PHILIPPE		NAME		
STREET ADDRESS	52 NE 204TH ST #7		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASHIM, RAYMOND		NAME	MADELEINE CHAREST	
STREET ADDRESS	52 NE 204TH ST #17		STREET ADDRESS	52 NE 204th St #30	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	T	<input type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RADZIKOWSKI, MAUREEN		NAME	MARCEL COCHLIN	
STREET ADDRESS	52 NE 204TH STREET #15		STREET ADDRESS	52 NE 204th St #25	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABDALLAH, JACQUELINE		NAME	ANACLETO B. LIMA	
STREET ADDRESS	52 NE 204TH STREET #1		STREET ADDRESS	52 NE 204th St #29	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, DORIS M		NAME		
STREET ADDRESS	52 NE 204TH ST # 20		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, MICHAEL		NAME		
STREET ADDRESS	52 NE 204TH ST #9		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: <i>Maureen Radzikowski</i> MAUREEN RADZIKOWSKI, TREASURER				DATE 4/21/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	