

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90076 036 \*\*\*\*61.25



<b>DOCUMENT # 717098</b>				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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1364102	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RADZIKOWSKI, MAUREEN 52 N.E. 204TH ST. <del>#17</del> MIAMI, FL 33179			7. Name and Address of New Registered Agent Name: RADZIKOWSKI Street Address (P.O. Box Number is Not Acceptable): K # 15 City: FL Zip Code:		
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		4-27-07	
Filing Fee is \$61.25 Due by May 1, 2007		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, PHILLIPPE		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	ELIZABETH T. VAXIWEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADELEINE, CHAREST		NAME	52 NE 204TH ST #18	(VP)
STREET ADDRESS	52 NE 204TH ST 30		STREET ADDRESS	MIAMI FL 33179	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	MAUREEN RADZIKOWSKI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COCHELIN, MARCEL		NAME	52 NE 204TH ST 15K	(DT)
STREET ADDRESS	52 NE 204TH ST 25		STREET ADDRESS	MIAMI FL 33179	
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	LIMA, ANACELTO B		NAME		
STREET ADDRESS	52 NE 204TH ST 29		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP		
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		4-27-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 305-588 6625	



04172007 Chg-NP CR2E037 (12/06)

Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Signature: *Maureen Radzikowski* MAUREEN RADZIKOWSKI 4-27-07

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SIGNATURE: *Maureen Radzikowski* MAUREEN RADZIKOWSKI 4-27-07 305-588 6625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #