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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 725187

1. Corporation Name

RO-MONT SOUTH GREEN CONDOMINIUM "R" INC

Principal Place of Business

20110 NE 2ND AVE
 N MIAMI BEACH FL 33179

Mailing Address

20110 NE 2ND AVE
 N MIAMI BEACH FL 33179



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

12/22/1972

4. FEI Number

59-1645912

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

9. Name and Address of Current Registered Agent

~~BECKER, ROZ
 20251 NE 2ND AVE
 N. MIAMI BEACH FL 33179~~

10. Name and Address of New Registered Agent

81 Name

Frank Luciano

82 Street Address (P.O. Box Number is Not Acceptable)

130 N.E. 202nd Terrace S-14

83

N. Miami Bch. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BEVILACQUA, PHYLLIS	
STREET ADDRESS	20120 NE 2ND AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BECKER, ROSLYN	
STREET ADDRESS	20251 NE 2ND AVE	
CITY-ST-ZIP	N MIAMI BCH, FL 00000 33179	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SIDNEY, LURIE	
STREET ADDRESS	20251 NE 2ND AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BLACKMAN, BEN	
STREET ADDRESS	20251 NE 2ND AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BATTAGLIA, VICENT	
STREET ADDRESS	70 NE 2ND AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MARTINEZ, ELOISE	
STREET ADDRESS	20120 NE 2ND AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joseph Friscano
3.3 STREET ADDRESS	20251 NE 2ND AVE
3.4 CITY-ST-ZIP	N. Miami Bch, Fl. 33179
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Garth Brown
4.3 STREET ADDRESS	20251 N.E 2ND AVE
4.4 CITY-ST-ZIP	N. Miami Bch, Fl. 33179
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 (changed) or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank Luciano
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-99

305-651-6002

Date

Daytime Phone #

CR2E037 (1/198)