

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 709939 (3)  
1. Corporation Name  
**RO-MONT GARDENS ANDOVER CONDOMINIUM 'G', INC.**



Principal Place of Business Mailing Address  
100 N.W. 204 ST. BX 24 MIAMI FL 33169  
100 N.W. 204 ST. BX 24 MIAMI FL 33169

3. Date Incorporated or Qualified 11/18/1965  
3a. Date of Last Report 02/06/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-1321490	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALGANO, ALBERT  
100 N.W. 204TH ST. BUILD-G APT 20  
MIAMI FL 33169

81 Name Anna Galgano  
82 Street Address (P.O. Box Number is Not Acceptable) 100 N.W. 204th St. Build G apt 20  
83  
84 City Miami FL 85 Zip Code 33169

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 *Anna Galgano (DS)* DATE *January 17, 1996*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LEONE, JOHN <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONE, JOHN	1.2 NAME	<i>Frank Esposito</i>
STREET ADDRESS	100 N W 204 ST	1.3 STREET ADDRESS	<i>100 N.W. 204th St Build G apt 6</i>
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	<i>Miami, Fl. 33169</i>
TITLE	P ESPOSITO, FRANK <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPOSITO, FRANK	2.2 NAME	<i>James Brasil</i>
STREET ADDRESS	100 N W 204 ST	2.3 STREET ADDRESS	<i>100 N.W. 204th St Build. G</i>
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	<i>Miami, Fl. 33169</i>
TITLE	V HINES, GERALD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINES, GERALD	3.2 NAME	
STREET ADDRESS	100 NW 204TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	T PUCETTI, TINA <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<i>Treasurer</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUCETTI, TINA	4.2 NAME	<i>Kenneth Daines</i>
STREET ADDRESS	100 NW 204TH STREET	4.3 STREET ADDRESS	<i>100 N.W. 204th St. Build. G apt. 5</i>
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	<i>Miami, Fl. 33169</i>
TITLE	DS GALGANO, ANNA <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALGANO, ANNA	5.2 NAME	
STREET ADDRESS	100 NW 204TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D GALGANO, ALBERT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALGANO, ALBERT	6.2 NAME	<i>Paul Savard</i>
STREET ADDRESS	100 NW 204TH STREET	6.3 STREET ADDRESS	<i>100 N.W. 204th St Build G apt. 22</i>
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	<i>Miami, Fl. 33169</i>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Anna Galgano (DS)* DATE: *January 17, 1996* 305-770-0715  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)