

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709939

FILED
Jan 15, 2005
Secretary of State

Entity Name: RO-MONT GARDENS ANDOVER CONDOMINIUM "G", INC.

Current Principal Place of Business:

100 N.W. 204 ST.
BX 24
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

100 N.W. 204 ST.
BX 24
MIAMI, FL 33169

New Mailing Address:

FEI Number: 59-1321490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALGANO, ANNA
100 N.W. 204TH ST.
BLDG. G, APT. 20
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

CLEMENTE, CAMILO
100 NW 204 STE,
APT 10
MIAMI, FL 33169 US

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.

SIGNATURE: CLEMENTE CAMILO 01/15/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CLEMENTINE, CAMILLE
Address: 100 NW 204 STE, APT 10
City-St-Zip: MIAMI, FL 33169

Title: P () Delete
Name: GENEVIEVE, BUCCINO
Address: 100 N 204 ST., APT 21
City-St-Zip: MIAMI, FL 33169

Title: V (X) Delete
Name: EDUARDO, ESPIRITO
Address: 100 MW 204TH ST, APT
City-St-Zip: MIAMI, FL 33169

Title: S (X) Delete
Name: GALGANO, ANNA
Address: 100 NW 204TH ST
City-St-Zip: MIAMI, FL

Title: TR (X) Delete
Name: ANTHONY, SALVATORE
Address: 100 NW 204TH ST., APT 2
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: CLEMENTINE, CAMILO
Address: 100 NW 204 STE, APT 10
City-St-Zip: MIAMI, FL 33169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLEMENTE CAMILO T 01/15/2005

Electronic Signature of Signing Officer or Director Date