

**2009 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # 709939

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



FILED
09 APR 21 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

03052008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1321490

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: VILLAGUIRAN YOLANDA
Street Address (P.O. Box Number is Not Acceptable):
100 NW 204 ST.
APT 17
City: MIAMI GARDEN FL Zip Code: 33169

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: Yolanda Villaguiran Yolanda Villaguiran 04-09-09
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CLEMENTINE, CAMILO	
STREET ADDRESS	100 NW 204 STE, APT 10	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GENEVIEVE, BUCCINO	
STREET ADDRESS	100 N 204 ST., APT 21	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WHITE, GEORGE VP	
STREET ADDRESS	100 NW, 204 STREET APT. 6	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PAQUET, FRANCOIS S	
STREET ADDRESS	100 NW 204 STREET APT. 23	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLAGUIRAN YOLANDA	
STREET ADDRESS	100 NW 204 ST, APT 17	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAQUET FRANCOIS	
STREET ADDRESS	100 NW 204, APT 23	
CITY-ST-ZIP	MIAMI GARDEN, FL 33169	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George White	
STREET ADDRESS	100 N.W. 204 ST G 6	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ DOLORES	
STREET ADDRESS	100 NW 204 ST. AP 1	
CITY-ST-ZIP	MIAMI, GARDEN, FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400151611574	
CITY-ST-ZIP	04/21/09--01013--003 **61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Francois Paquet 04-09-09 305-770-1059
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #