

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710445

FILED  
Apr 25, 2008  
Secretary of State

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

**Current Principal Place of Business:**

50 NW 204TH STREET BLDG H  
MIAMI GARDENS, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

50 NW 204TH STREET BLDG H  
MIAMI GARDENS, FL 33169 US

**New Mailing Address:**

FEI Number: 59-1318184      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GLAZER, ERIC M P.A.  
1920 E. HALLANDALE BEACH BLVD.  
8TH FLOOR  
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARTEL, PIERRE  
Address: 50 NW 204 ST #4  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: VD ( ) Delete  
Name: JONES, KEN  
Address: 50 NW 204 ST #6  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: TD ( ) Delete  
Name: MURRAY, GILLES  
Address: 50 NW 204 ST #19  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: SD ( ) Delete  
Name: REGNIER, YVONNE  
Address: 50 NW 204 ST #4  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: T ( ) Delete  
Name: HERNANDEZ, ISMAEL  
Address: 50 NW 204 ST #28  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: T ( ) Delete  
Name: DIAZ, JOSE  
Address: 50 NW 204 ST #14  
City-St-Zip: MIAMI GARDENS, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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 exemption stated 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 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: PIERRE MARTEL

PD

04/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date