2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#710445

FILED Apr 03, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 50 NW 204TH STREET BLDG H MIAMI GARDENS, FL 33169 **Current Mailing Address: New Mailing Address:** 50 NW 204TH STREET BLDG H MIAMI GARDENS, FL 33169 US FEI Number: 59-1318184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GLAZER, ERIC M PA 3113 STIRLING ROAD SECOND FLOOR HOLLYWOOD, FL 33312 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: ERIC GLAZER 04/03/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MARTEL, PIERRE Name: Name: 50 NW 204 ST #4 Address: Address: City-St-Zip: MIAMI GARDENS, FL 33169 City-St-Zip: Title: VD () Delete Title: () Change () Addition JONES, KEN Name: Name: Address: 50 NW 204 ST #6 Address: City-St-Zip: MIAMI GARDENS, FL 33169 City-St-Zip: Title: () Delete Title: () Change () Addition MURRAY, GILLES Name: Name: 50 NW 204 ST #19 Address: Address: City-St-Zip: MIAMI GARDENS, FL 33169 City-St-Zip: Title: SD () Delete Title: () Change () Addition REGNIER, YVONNE Name: Name: Address: 50 NW 204 ST #4 Address: City-St-Zip: MIAMI GARDENS, FL 33169 City-St-Zip: Title: () Delete Title: (X) Change () Addition HERNANDEZ, ISMAEL WILSON, JUNIOR J Name: Name: 50 NW 204 ST #28 50 NW 204 ST #24 Address: Address: MIAMI GARDENS, FL 33169 MIAMI GARDENS, FL 33169 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition DIAZ JOSE FONDO, RICARDO Name: Name: Address: 50 NW 204 ST #14 Address: 50 NW 204 ST # 9 MIAMI GARDENS, FL 33169 MIAMI GARDENS, FL 33169 City-St-Zip: 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 04/03/2009