## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#712396** 

FILED Apr 29, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

101 NW 204 ST 101 NW 204 STREET

MIAMI, FL 331692678 MIAMI GARDENS, FL 33169 US

Current Mailing Address: New Mailing Address:

101 NW 204 ST 101 NW 204 STREET

MIAMI GARDENS, FL 331692678 MIAMI GARDENS, FL 33169 US

FEI Number: 59-2350262 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:

ISAACS, SAMUEL TRE LUCIA, BARBERA TRE 101 NW 204 STREET 101 NW 204 STREET

APT.26 A17X

MIAMI GARDENS, FL 331692678 US MIAMI GARDENS, FL 331692678 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: LUCIA BARBERA 04/29/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PD

 Name:
 DE BIASE, MARY

 Address:
 101 NW 204 STREET A4

 City-St-Zip:
 MIAMI GARDENS, FL 33169 US

Title: VPD

 Name:
 MARIN, DORALISA

 Address:
 101 NW 204 STREET A28

 City-St-Zip:
 MIAMI GARDENS, FL 33169 US

Title: TRED

Name: BARBERA, LUCIA
Address: 101 NW 204 STREET A17X
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: SD

 Name:
 PALMIERI, DOMENICO

 Address:
 101 NW 204 STREET A24

 City-St-Zip:
 MIAMI GARDENS, FL 33169 US

Title: □

 Name:
 TURNER, QUINTON

 Address:
 101 NW 204 STREET A 25

 City-St-Zip:
 MIAMI GARDENS, FL 33169 US

Title: □

Name: VACHON, PAUL Address: 101 NW 204 STREET

City-St-Zip: MIAMI GARDENS, FL 33169 US

I hereby 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 all other like empowered.

SIGNATURE: LUCIA BARBERA TREA 04/29/2011

Electronic Signature of Signing Officer or Director

Date