


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90099 047 \*\*\*\*70.00

<b>DOCUMENT # 713756</b> 1. Entity Name <b>RO-MONT GARDENS ANDOVER CONDOMINIUM "C", INC.</b>					
Principal Place of Business <b>15 N.W. 204 STREET MIAMI, FL 33169</b>			Mailing Address <b>15 N.W. 204 STREET MIAMI, FL 33169</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1319529</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>PERRAS, JOSE V 15 N W 204TH ST MIAMI, FL 33169</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>JOSEPH C. MASSALE</b> Street Address (P.O. Box Number is Not Acceptable) <b>15 N.W. 204 ST #26</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33169</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>PORGAS, JOSE V</b> <b>15 NW 304 FL ST 6-4</b> <b>MIAMI, FL 33169</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>JOSEPH C. MASSALE</b> <b>15 N.W. 204 ST #26</b> <b>MIAMI FL 33169</b>	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>ESPOSITO, FRANK P</b> <b>15 NW 204 ST APT 19C</b> <b>MIAMI, FL 33169</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>GREEN, STEVEN P</b> <b>15 NW 204TH ST APT 8C</b> <b>MIAMI, FL 33169</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>TEAGUE, NETIE W</b> <b>15 NW 204TH ST APT 1</b> <b>MIAMI, FL 33169</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ZOLGHADR, IRAN</b> <b>15 NW 204TH STREET, APT 10</b> <b>MIAMI, FL 33169</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**

*Joseph C. Massale*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOSEPH C. MASSALE**

Date

Daytime Phone #

**305-652-0304**