

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 713756**

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



Principal Place of Business  
15 N.W. 204 STREET  
MIAMI, FL 33169

Mailing Address  
15 N.W. 204 STREET  
MIAMI, FL 33169

**DO NOT WRITE IN THIS SPACE**



03222007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
59-1319529

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MASSALE, JOSEPH C.  
15 NW 204 STREET # 28  
MIAMI, FL 33169

**DO NOT WRITE  
IN THIS SPACE**

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

*Joseph C. Massale*

JOSEPH C. MASSALE

3/22/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MASSALE, JOSEPH C.  
STREET ADDRESS 15 NW 204 STREET # 28  
CITY-ST-ZIP MIAMI, FL 33169

TITLE VPD  
NAME GREEN, STEVEN P  
STREET ADDRESS 15 NW 204TH ST APT 8C  
CITY-ST-ZIP MIAMI, FL 33169

TITLE S  
NAME JACKSON, JASMINE  
STREET ADDRESS 15 NW 204 ST APT 10  
CITY-ST-ZIP MIAMI, FL 33169

TITLE T  
NAME TEAGUE, NETIE W  
STREET ADDRESS 15 NW 204 ST APT 12  
CITY-ST-ZIP MIAMI, FL 33169

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Joseph C. Massale*

JOSEPH C. MASSALE

3/22/07

305-652-0304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #