


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 715950 1. Entity Name RO-MONT GARDENS ANDOVER CONDOMINIUM "E", INC.	
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Principal Place of Business 51 N.E. 204TH STREET #E99 MIAMI, FL 33179	Mailing Address 51 N.E. 204TH STREET #E99 MIAMI, FL 33179
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04022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1459209	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KORDUBA, ENID
51 N.E. 204TH ST.
#23
MIAMI, FL 33179

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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 *Enid Korduba* (NOTE: Registered Agent signature required when reinstating)

4/13/2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PD KORDUBA, ENID 51 N.E. 204TH STREET MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAVOIE, JULES 51 NE 204 ST MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWANSON-MASSA, GLENDA 51 NE 204 ST MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OVERHOLTZER, BEATRICE 51 NE 204TH ST. MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIARAMITA, JACKIE 51 NE 204TH STREET MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000699319
04/19/07-80037-024 61.25

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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: *Enid Korduba* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2007 Date Daytime Phone #