FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716423 (9)

1. Corporation Name

RO-MONT GARDENS ANDOVER CONDOMINIUM "F", INC.

Principal Place of Business	Mailing Address
121 NE 204 STREET NORTH MIAMI BEACH FL 33179	121 NE 204 STREET NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified: 04/22/1969
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22: / 27:
City & State — 23: / 28:
Zip — 24: / Country — 25: / Zip — 29: / Country — 30:

4. FEI Number: 59-1321933 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SAVIN, MITCHELL N
121 N.E. 204TH ST.
N. MIAMI BCH. FL 33179

10. Name and Address of New Registered Agent

81 Name: JUDITH CHOUINARD
82 Street Address (P.O. Box Number is Not Acceptable): 121 NE 204 STREET
83: UNIT F15
84 City: MIAMI **FL** 85 Zip Code: 33179

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Judith Chouinard — JUDITH CHOUINARD — April 29, 1996
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRODIN, LUCINE		1.2 NAME		
STREET ADDRESS	121 NE 204 ST #20F		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BCH. FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	~~VICE~~ PRESIDENT/DIR.	☒ Change ☐ Addition
NAME	PHILIPPE, RICHARD		2.2 NAME	MELODY RANOS	
STREET ADDRESS	121 N.E. 204 ST.		2.3 STREET ADDRESS	121 NE 204 ST, UNIT F2	
CITY-ST-ZIP	N. MIAMI BCH. FL 33179		2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33179	
TITLE	TD	☒ DELETE	3.1 TITLE	SEC.-TREAS./DIRECTOR	☒ Change ☐ Addition
NAME	SAVIN, MITCHEL		3.2 NAME	JUDITH CHOUINARD	
STREET ADDRESS	121 NE 204 ST #19F		3.3 STREET ADDRESS	121 NE 204 ST. UNIT F15	
CITY-ST-ZIP	N. MIAMI BCH. FL		3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33179	
TITLE	SD	☒ DELETE	4.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	SCHENKEL, BOB		4.2 NAME	SALLY KRANTZ	
STREET ADDRESS	121 N.E. 204 ST.		4.3 STREET ADDRESS	121 NE 204 ST. UNIT F9	
CITY-ST-ZIP	N. MIAMI BCH. FL 33179		4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33179	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ZIPKIN, HERMAN		5.2 NAME		
STREET ADDRESS	121 NE 204 ST #22		5.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH. FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GOLDSCHLAGER, RAY		6.2 NAME		
STREET ADDRESS	121 NE 204TH ST #15		6.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judith Chouinard — April 29, 1996 — (954) 479-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #