

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 121 NE 204 STREET NORTH MIAMI BEACH FL 33179	Mailing Address 121 NE 204 STREET NORTH MIAMI BEACH FL 33179-6009
--	---

3. Date Incorporated or Qualified 04/22/1969	3a. Date of Last Report 05/01/1996
--	--

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

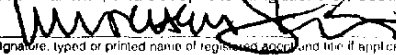
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JUDITH CHOVINARD
121 N.E. 204TH ST.
UNIT F15
MIAMI FL 33179**

81 Name MITCHELL SAVIN (#196)	82 Street Address (P.O. Box Number is Not Acceptable) 121 NE 204 ST.	83 UNIT F19	84 City NO MIAMI BEACH	85 Zip Code FL 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  **MITCHELL SAVIN** 4/4/97
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRODIN, LUCINE 121 NE 204 ST #20F N. MIAMI BCH. FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELODY RANOS 121 NE 204 ST, UNIT F2 MIAMI FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JUDITH CHOUINARD 121 NE 204ST, UNIT F15 MIAMI FL ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALLY KRANTZ 121 NE 204ST, UNIT F9 MIAMI FL ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TD MITCHELL SAVIN 121 NE 204 ST, UNIT F19 N. MIAMI BEACH, FL 33179 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do 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 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:  **MITCHELL SAVIN** 4/4/97 (305) 651-6201

CR2E037 (9/96)