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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 04/22/1969
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
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent SAVIN, MITCHELL (#19F) 121 N.E. 204TH ST. UNIT F19 MIAMI FL 33179
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VO ☒ DELETE
NAME	GRODIN, LUCINE
STREET ADDRESS	121 NE 204 ST #20F
CITY-ST-ZIP	N. MIAMI BCH. FL
TITLE	PD ☐ DELETE
NAME	MELODY RANOS
STREET ADDRESS	121 NE 204 ST, UNIT F2
CITY-ST-ZIP	MIAMI FL
TITLE	SD ☐ DELETE
NAME	JUDITH CHOUMARD
STREET ADDRESS	121 NE 204ST, UNIT F15
CITY-ST-ZIP	MIAMI FL
TITLE	D ☐ DELETE
NAME	SALLY KRANTZ
STREET ADDRESS	121 NE 204ST, UNIT F9
CITY-ST-ZIP	MIAMI FL
TITLE	TD ☐ DELETE
NAME	SAVIN, MITCHELL
STREET ADDRESS	121 NE 204 ST UNIT F19
CITY-ST-ZIP	N MIAMI BCH FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	VO
1.3 STREET ADDRESS	ILNA ACOSTA
1.4 CITY-ST-ZIP	121 NE 204 ST. UNIT F 11
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	N. MIAMI BCH, FL 33179
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	PD
6.3 STREET ADDRESS	LISE BOULANGER
6.4 CITY-ST-ZIP	121 NE 204 ST UNIT F23
	N. MIAMI BCH, FL 33179

14. 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 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 4/17/98 (305) 651-6201

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