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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716423

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/22/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1321933 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SAVIN, MITCHELL (#19F
121 N.E. 204TH ST.
UNIT F19
MIAMI FL 33179

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ACOSTA, ILNA		1.2 NAME	
STREET ADDRESS	121 NE 204TH ST UNIT F11		1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH. FL 33179		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MELODY RANOS		2.2 NAME	
STREET ADDRESS	121 NE 204 ST, UNIT F2		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JUDITH CHOUINARD		3.2 NAME	
STREET ADDRESS	121 NE 204ST, UNIT F15		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SALLY KRANTZ		4. 2 NAME	
STREET ADDRESS	121 NE 204ST, UNIT F9		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SAVIN, MITCHELL		5.2 NAME	
STREET ADDRESS	121 NE 204 ST UNIT F19		5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL		5.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BOULANGER, LISE		6.2 NAME	
STREET ADDRESS	121 NE 204TH ST UNIT F23		6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Mitchell SAVIN 4/3/99 (305) 651-6201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #