# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2004**
**Secretary of State**

DOCUMENT# 716423

**Entity Name:** RO-MONT GARDENS ANDOVER CONDOMINIUM "F", INC.

**Current Principal Place of Business:**

121 NE 204 STREET
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

121 NE 204 STREET
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

**FEI Number: 59-1321933** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | VD | ( ) Delete |
| Name: | ACOSTA, ILNA | |
| Address: | 121 NE 204TH ST #11F | |
| City-St-Zip: | NMB, FL 33179 | |
| Title: | D | ( ) Delete |
| Name: | MAJALVO, PEDRO | |
| Address: | 121 NE 204 ST #17F | |
| City-St-Zip: | NMB, FL 33179 | |
| Title: | D | ( ) Delete |
| Name: | ROTTENBERG, PAUL | |
| Address: | 121 NE 204ST #6F | |
| City-St-Zip: | NMB, FL 33179 | |
| Title: | PD | ( ) Delete |
| Name: | PILCHER, PATTY | |
| Address: | 121 NE 204 ST #20F | |
| City-St-Zip: | NMB, FL 33179 | |
| Title: | TD | ( ) Delete |
| Name: | SAVIN, MITCHELL | |
| Address: | 121 NE 204 ST #19F | |
| City-St-Zip: | NMB, FL 33179 | |
| Title: | SD | ( ) Delete |
| Name: | LANDAM, JULIA | |
| Address: | 121 NE 204TH ST #9F | |
| City-St-Zip: | NMB, FL 33179 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCHELL SAVIN TD 04/28/2004

Electronic Signature of Signing Officer or Director — Date