

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716423

FILED
Apr 30, 2006
Secretary of State

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: D () 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: SD () Delete
Name: SILVER, MERLE
Address: 121 NE 204ST #10F
City-St-Zip: NMB, FL 33179

Title: VD () Delete
Name: PILCHER, PATTY
Address: 121 NE 204 ST #4F
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: PD () Delete
Name: KEMP, 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
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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 Chapter 119, 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

04/30/2006

Electronic Signature of Signing Officer or Director

Date