

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716794

FILED
Mar 25, 2009
Secretary of State

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

Current Principal Place of Business:

122 N E 204 STREET
MIAMI GARDENS, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

122 N E 204 STREET
MIAMI GARDENS, FL 33179 US

New Mailing Address:

FEI Number: 59-1321934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOMBARDO, JOSEPHINE
122 N E 204 STREET, #20
MIAMI GARDENS, 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: S () Delete
Name: IMMACULA, EXUME
Address: 122 NE 204 ST-APTL-19
City-St-Zip: MIAMI GARDENS, FL 33179 US

Title: PT () Delete
Name: LOMBARDO, JOSEPHINE
Address: 122 N E 204 STREET APT L-20
City-St-Zip: MIAMI GARDENS, FL 33179 US

Title: VP () Delete
Name: MILLER, PATRICIA
Address: 122 N E 204 STREET APT L-19
City-St-Zip: MIAMI GARDENS, FL 33179 US

Title: D () Delete
Name: MALCOLM, MARGUERITE
Address: 122 N E 204 STREET APT L-3
City-St-Zip: MIAMI GARDENS, FL 33179 US

Title: D () Delete
Name: MCDONALD, BERTRAM
Address: 122 N E 204 STREET APT L-11
City-St-Zip: MIAMI GARDENS, FL 33179 US

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:

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPHINE M. LOMBARDO

P/T

03/25/2009

Electronic Signature of Signing Officer or Director

Date