2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#717098

FILED Apr 28, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 52 N.E. 204TH ST. NO. MIAMI, FL 33179 **Current Mailing Address: New Mailing Address:** 52 N.E. 204TH ST NO. MIAMI, FL 33179 FEI Number: 59-1364102 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RADZIKOWSKI, MAUREEN 52 N.E. 204TH ST. K#15 MIAMI, FL 33179 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GUERIN, PHILLIPPE Name: Name: 52 NE 204TH ST #7 Address: Address: City-St-Zip: MIAMI, FL 33179 City-St-Zip: Title: () Delete Title: (X) Change () Addition VAXIUEZ, ELIZABETH Name: COCHELIN, MICHEL Name: Address: 52 NE 204TH ST #18 Address: 52 NE 204TH ST #25 City-St-Zip: MIAMI, FL 33179 City-St-Zip: MIAMI, FL 33179 Title: () Delete Title: (X) Change () Addition COCHELIN, MARCEL RADZIKOWSKI, MAUREEN Name: Name: 52 NE 204TH ST 25 Address: Address: 52 NE 204TH ST K15 City-St-Zip: MIAMI, FL 33179 City-St-Zip: MIAMI, FL 33179 Title: TR () Delete Title: () Change () Addition LIMA, ANACELTO B Name: Name: 52 NE 204TH ST 29 Address: Address: City-St-Zip: MIAMI, FL 33179 City-St-Zip: Title: () Delete Title: (X) Change () Addition SUAREZ, DORIS M ROEMER, DOROTHY Name: Name: 52 NE 204TH ST # 20 52 NE 204TH ST # 14 Address: Address: City-St-Zip: MIAMI, FL 33179 City-St-Zip: MIAMI, FL 33179 Title: () Delete Title: () Change () Addition MURRAY, MICHAEL Name: Name: Address: 52 NE 204TH ST #9 Address: MIAMI, FL 33179 City-St-Zip: 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: MAUREEN RADZIKOWSKI TREA 04/28/2008