2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719035

FILED May 01, 2009 Secretary of State

Entity Name: RO-MONT SOUTH CONDOMINIUM "C", INC.

Current	rincipal Place of Business:	New Principal Place of Business:
20314 NE : MIAMI GAF	2ND AVE. RDENS, FL 33179 US	
Current M	lailing Address:	New Mailing Address:
20314 NE : MIAMI GAF	2ND AVE. RDENS, FL 33179 US	
In accordan	: 59-1359696 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did i I Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired () not receive the prior notice. Name and Address of New Registered Agent:
RO-MONT 20314 NE :	SOUTH EXECUTIVE COUNCIL, INC 2ND AVENUE RDENS, FL 33179 US	
	named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATUF		
	Electronic Signature of Registered A	gent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () Delete MAIS, TILBERT 165 NE 203 TERRACE C-6 MIAMI GARDENS, FL 33179	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	TD () Delete PECORA, MARY 165 NE 203 TERRACE C-25 MIAMI GARDENS, FL 33179	Title: TD (X) Change () Addition Name: HENRY-HART, OLGA Address: 165 NE 203 TERRACE, UNIT C-19 City-St-Zip: MIAMI GARDENS, FL 33179
Title: Name: Address: City-St-Zip:	SD () Delete SIELMAN, FLORENCE 165 NE 203 TERRACE MIAMI GARDENS, FL 33179	Title: SD (X) Change () Addition Name: LYN, BARBARA Address: 165 NE 203 TERRACE, UNIT C-26 City-St-Zip: MIAMI GARDENS, FL 33179
Title: Name: Address: City-St-Zip:	VPD () Delete SMITH, DARRELL 165 NE 203 TERR MIAMI GARDENS, FL 33179	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name:	D () Delete TIJERNO, LAURA 165 NE 203 TERR	Title: () Change () Addition Name: Address:

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: MAIS, TILBERT PD 05/01/2009