2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2009
Secretary of State

DOCUMENT# 723174

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

Current Principal Place of Business:

115 NE 202 TERR.
MIAMI GARDENS, FL 33179

New Principal Place of Business:

Current Mailing Address:

20314 NE 2ND AVE
MIAMI GARDENS, FL 33179

New Mailing Address:

FEI Number: 59-1499069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RO-MONT SOUTH EXECUTIVE COUCIL, INC
20314 NE 2ND AVE
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: PD ( ) Delete
Name: CHIN, LESLIE
Address: 115 NE 202 TR, #24
City-St-Zip: MIAMI GARDENS, FL 33179

Title: VPD ( ) Delete
Name: CLARKE, EMELINE
Address: 115 NE 202 TERRACE, #16
City-St-Zip: MIAMI GARDENS, FL 33179

Title: SEC ( ) Delete
Name: CLARKE, HAZEL
Address: 115 NE 202 TERR #27
City-St-Zip: MIAMI GARDENS, FL 33179

Title: TR ( ) Delete
Name: CLARKE, HAZEL
Address: 115 NE 202 TERR #7
City-St-Zip: MIAMI GARDENS, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PONCE, ADA
Address: 115 NE 202 TR, #1
City-St-Zip: MIAMI GARDENS, FL 33179

Title: VPD (X) Change ( ) Addition
Name: ALLEN, KATHLEEN
Address: 115 NE 202 TERRACE, #7
City-St-Zip: MIAMI GARDENS, FL 33179

Title: SEC (X) Change ( ) Addition
Name: GARCIA, CARLOS
Address: 115 NE 202 TERR #2
City-St-Zip: MIAMI GARDENS, FL 33179

Title: TR (X) Change ( ) Addition
Name: SMITH, DOROTHY
Address: 115 NE 202 TERR #32
City-St-Zip: MIAMI GARDENS, FL 33179

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: ADA PONCE PD 07/01/2009

Electronic Signature of Signing Officer or Director — Date