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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90199 009 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 725185**

1. Corporation Name

**RO-MONT SOUTH GREEN CONDOMINIUM "TWX" INC**

Principal Place of Business  
20110 N.E. 2ND AVE  
NORTH MIAMI BEACH FL 33179

Mailing Address  
20110 N.E. 2ND AVE  
NORTH MIAMI BEACH FL 33179



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/22/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1645909	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

**MARTINEZ, ELOISE**  
20120 NE 2ND AVE  
N MIAMI BCH FL 33179

10. Name and Address of New Registered Agent

81 Name **Vincent Battaglia**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**70 NE 202 TERRACE**  
83  
84 City **N. MIAMI BEACH** FL 85 Zip Code **33179**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>ADD ELOISE MARTINEZ</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEVILACQUA, PHYLLIS</b>		1.2 NAME	<b>20210 N.E. 2ND AVE</b>	
STREET ADDRESS	<b>20120 NE 2ND AVE</b>		1.3 STREET ADDRESS	<b>N. MIAMI BEACH, FL. 33179</b>	
CITY-ST-ZIP	<b>N MIAMI BCH FL</b>		1.4 CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATTAGLIA, VINCENT</b>		2.2 NAME		
STREET ADDRESS	<b>70 NE 202ND TERR</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>N MIAMI BCH FL</b>		2.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAMUELS, MONTY</b>		3.2 NAME		
STREET ADDRESS	<b>20180 NE 2ND AVENUE</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>N MIAMI BCH, FL 00000</b>		3.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D. ANTOINE PALMERI</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAADA, NICK</b>		4.2 NAME	<b>20210 NE 2ND AVE.</b>	
STREET ADDRESS	<b>70 NE 202ND TERR</b>		4.3 STREET ADDRESS	<b>N. MIAMI BEACH, FL. 33179</b>	
CITY-ST-ZIP	<b>N MIAMI BCH FL</b>		4.4 CITY-ST-ZIP		
TITLE	FST	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D. GARTH BROWN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINEZ, ELOISE</b>		5.2 NAME	<b>20251 AVE 2ND AVE.</b>	
STREET ADDRESS	<b>20120 NE 2ND AVE</b>		5.3 STREET ADDRESS	<b>N. MIAMI BEACH, FL. 33179</b>	
CITY-ST-ZIP	<b>N MIAMI BCH FL</b>		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Vincent Battaglia** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-99

Date

305-651-6002

Daytime Phone #

CR2E037 (11/98)