

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **725186** (1)  
1. Corporation Name  
**RO-MONT SOUTH GREEN CONDOMINIUM "SUV" INC.**



Principal Place of Business <b>20110 NE 2ND AVE NORTH MIAMI BEACH FL 33179</b>		Mailing Address <b>20110 NE 2ND AVE NORTH MIAMI BEACH FL 33179</b>		3. Date Incorporated or Qualified <b>12/22/1972</b>	
				4. FEI Number <b>59-1645914</b>	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
22 City & State		27 City & State		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23 Zip		28 Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country		29 Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<del>LUCIANO, FRANK 130 NE 2ND AVE N MIAMI BEACH FL 33179</del>				81 Name <b>Vincent Battaglia</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>70 N.E. 202ND TERRACE</b>			
				83			
				84 City <b>N. Miami Bch</b> FL 85 Zip Code <b>33179</b>			

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 *Vincent Battaglia* DATE **2-17-98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEVLACQUA, PHYLLIS			1.2 NAME			
STREET ADDRESS	20120 NE 2ND AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEEKER, ROSLYN			2.2 NAME			
STREET ADDRESS	20251 NE 2ND AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI FL 33179			2.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUCIANO, FRANK			3.2 NAME			
STREET ADDRESS	130 NE 2ND AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL 33179			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABRAMS, LIL			4.2 NAME			
STREET ADDRESS	20210 NE 2ND AVE 14			4.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FREIBERGER, FLORENCE			5.2 NAME			
STREET ADDRESS	130 NE 2ND AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL 33179			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BLATT, SID			6.2 NAME			
STREET ADDRESS	20210 NE 2ND AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL 33179			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.

SIGNATURE: *Vincent Battaglia* 2/17/98

CR2E037 (10/97)