## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 725187

(9)

## RO-MONT SOUTH GREEN CONDOMINIUM "R" INC

Principal Place of Business Mailing Address							T (1004) 10010 11041 01101 11061 10141 01011 01011 01011 01011 01011 01011 01011 01011 01011				
20110 NE 2ND AVE 20110 NE 2ND AVE N MIAMI BEACH FL 33179 N MIAMI BEACH FL 33179				79							
							3. Date Incorporated or Qualified 12/22/1972	3a. Date	of Last F 3/07/1		
2. Principal Pla	ace of Business	2a. Mailing Ac	ldress				4. FEI Number		A	Applied For	
1		26					<b>59-1645912</b> Not Applicable				
Suite, Apt. #		27	productive reservoires on the comment of the commen				5. Certificate of Status Desired See Required				
City & State	•	<b>├</b>	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip				Country			8. This corporation has liability for intangible tax upder s. 199.032,				
4	25 29			30			Florida Statutes				
	nt Registered Age	nt				10. Name and Address of New Re	Registered Agent				
					81	Name					
BECKER, ROZ 20251 NE 2ND AVE					82	Street Aac	ess (P.O. Box Number is Not Acceptable)				
	I BEACH FL 33179			ŀ	83						
				ŀ	84	City		FL	<b>85</b> Zip	Code	
or register	ed agent, or both, in the State of Flori	da. Such change w	as authorized				oration submits this statement for the purpard of directors. I hereby accept the appo	ose of chang			
familiar wit	h, and accept the obligations of, Sect	tion 617.0503, Florid	da Statutes.								
SIGNATURE _	Signature, typeo or princed name of registered agent	t and title if agolicable	'micht	Benisteren	Ademi	i sional ae reonin	ରେ <b>ଏ</b> ଥିଲେ ଲୋଗ୍ରେମ୍ବର	DA*L			
12.		D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFI		IRECTO	RS IN 12	
TITLE	DTS		DELETE	1.1 Ts	TLE				Change	☐ Addition	
NAME	MAYER, NICK			1.2 NA	ME						
STREET ADDRESS	20251 NE 2ND AVE			1.3 SI	REET	ADDRESS					
CITY-ST-ZIP	N MIAMI BCH, FL 00000			1.4 0	TY-S	1 - Z/P					
TITLE	PD		DELETE	2 1 TI	TL F				Change	Addition	
NAME	BECKER, ROZ			2 2 NA	AME						
STREET ADDRESS	20251 NE 2ND AVE			2351	REET	ADDRESS					
CITY-ST-ZIP	N MIAMI BCH, FL 00000			2 4 C	ITY-S	T-7IP					
TITLE	AD		DELETE	3.1 TI	TLE				Change	☐ Addition	
NAME	LURIE, SIDNEY			3 2 N	AME						
STREET ADDRESS	20251 NE 2ND AVE			3 3 ST	REET	ADDRESS					
CITY-ST-ZIP	N MIAMI BCH, FL 00000			3 4. C	11 Y - S	I - ZIP					
TITLE	TVP DELETE			41 []	41 TITLE				Change	Addition	
NAME	SANG, LILLIAN			4. 2 N	AME						
STREET ADDRESS	20251 NE 2ND AVENUE			43 \$3	REET	ADDRESS					
CITY-ST-ZIP	N MIAMI BEACH FL		05.555	_	1Y - S	I - ZIP					
TITLE			DELETE	5 1 TI	TLE			L	Change	Addition	
NAME				5 2 N/							
STREET ADDRESS				•		ADDRESS					
CITY-ST-ZIP			DELETE	5 4 CI		I-ZIP		——————————————————————————————————————	<u></u>		
TITLE		LJ.	DELETE	611				LJ	Change	☐ Addition	
NAME				62 N/							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP	w partify that the information pushing	with this filing is yet	untarily furnic	640 bed and			for the exemption stated in Section 119.0	17/31/D) Florid	a Statut	tee I further	
1-1. I G/O D/C/10/1	y sorety marme intermedent supplied	TANTO TOTAL STATE OF ACT.	or reduity scoring	HIDU OHU	くしてい	a nor quality	TO THE EXPLIPITOR STATED IT DECIDED FIRE.	zrijojing, FIONO	ょうしいいい	NOTE FOR LESS.	

•• Loo hereby certify that the information supplied with this tiling is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(k). 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #