

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

03-04-1999 90199 016 ****61.25

DOCUMENT # 725187

1. Corporation Name

RO-MONT SOUTH GREEN CONDOMINIUM "R" INC

Principal Place of Business

20110 NE 2ND AVE
N MIAMI BEACH FL 33179

Mailing Address

20110 NE 2ND AVE
N MIAMI BEACH FL 33179



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/22/1972

4. FEI Number

59-1645912

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BECKER, ROZ
20251 NE 2ND AVE
N. MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name Frank Luciano
82 Street Address (P.O. Box Number is Not Acceptable)
130 N.E. 202nd Terrace S-14
83 N. Miami Bch. FL 33179
84 City 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

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BEVILACQUA, PHYLLIS	
STREET ADDRESS	20120 NE 2ND AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BECKER, ROSLYN	
STREET ADDRESS	20251 NE 2ND AVE	
CITY-ST-ZIP	N MIAMI BCH, FL 00000 33179	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SIDNEY, LURIE	
STREET ADDRESS	20251 NE 2ND AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BLACKMAN, BEN	
STREET ADDRESS	20251 NE 2ND AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BATTAGLIA, VICENT	
STREET ADDRESS	70 NE 2ND AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MARTINEZ, ELOISE	
STREET ADDRESS	20120 NE 2ND AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joseph Friscano
3.3 STREET ADDRESS	20251 NE 2ND AVE
3.4 CITY-ST-ZIP	N. Miami Bch, FL 33179
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Garth Brown
4.3 STREET ADDRESS	20251 N.E. 2nd Ave
4.4 CITY-ST-ZIP	N. Miami Bch, FL 33179
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Frank Luciano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-99 305-651-6002
Date Daytime Phone #

CR2E037 (11/98)