FILE NOW: FILING FEE IS \$61.25

NAME

TITLE

NAME

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STREET ADDRESS

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CITY-ST-ZYP

CITY-ST-ZIP

TUZZA, NANCY

N MIAMI BEACH FL

135 NE 202 TERRACE N-31

May 06 1998 8:00am **NONPROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # (6)N50470 RO-MONT SOUTH CONDOMINIUM "N," INC. Principal Place of Business Mailing Address 20314 NE 2 AVE 20314 NE 2 AVE 3. Date Incorporated or Qualified NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179 08/20/1992 Applied For 59-1499069 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #. etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 27 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No Personal Property Tax due June 30. 24 26 20 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SIEGEL, BLANCHE Street Address (P.O. Box Number is Not Acceptable) 135 NE 202 TERR 83 N-28 N MIAMI BEACH FL 33179 Zip Code 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 BLANCH & STEGEL
Signature, typed or printed name of regulated agent and tille if appli 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS DELETE Change Addition TITLE 11 TITLE NAME SIEGEL, BLANCHE 1.2 NAME 135 NE 202 TERR N-28 STREET ADDRESS 1.3 STREET ADDRESS N MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SILLEE, SAM NAME 2.2 NAME STREET ADDRESS 135 NE 202 TERRACE N-6 2.3 STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH FL 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE ZEVATOR, DOROTHY NAME 3.2 NAME STREET ADDRESS 135 NE 202 TERR N-7 3.3 STREET ADDRESS N MIAMI BEACH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition

64 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 13 if chapted or on an attemption with an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BUTCH SIGNATURE:

CR2E037 (10/97)

Change

Addition

☐ Addition

FILED