


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90001 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N50470 1. Corporation Name RO-MONT SOUTH CONDOMINIUM "N," INC.		
Principal Place of Business 20314 NE 2 AVE NORTH MIAMI BEACH FL 33179	Mailing Address 20314 NE 2 AVE NORTH MIAMI BEACH FL 33179	

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 560061 - 90059 - 28



2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/20/1992	4. FEI Number 59-1499069 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent SIEGEL, BLANCHE 135 NE 202 TERR N-28 N MIAMI BEACH FL 33179	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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: *Blanche Siegel* **BLANCHE SIEGEL** DATE: **5/1/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: SIEGEL, BLANCHE STREET ADDRESS: 135 NE 202 TERR N-28 CITY-ST-ZIP: N MIAMI BEACH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: D 1.2 NAME: KAY FRANKLIN 1.3 STREET ADDRESS: 135 NE 202 TERR 1.4 CITY-ST-ZIP: N.M.B FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: SILLEE, SAM STREET ADDRESS: 135 NE 202 TERRACE N-6 CITY-ST-ZIP: N MIAMI BEACH FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: D 2.2 NAME: BLANCHE SIEGEL 2.3 STREET ADDRESS: 135 NE 202 TERR 2.4 CITY-ST-ZIP: N.M.B FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: ZEVATOR, DOROTHY STREET ADDRESS: 135 NE 202 TERR N-7 CITY-ST-ZIP: N MIAMI BEACH FL	<input type="checkbox"/> DELETE	3.1 TITLE: D 3.2 NAME: SHIRLEY DAVIS 3.3 STREET ADDRESS: 135 NE 202 TERR 3.4 CITY-ST-ZIP: N.M.B FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: TUZZA, NANCY STREET ADDRESS: 135 NE 202 TERRACE N-31 CITY-ST-ZIP: N MIAMI BEACH FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: D 4.2 NAME: JAM SILLER 4.3 STREET ADDRESS: 135 NE 202 TERR 4.4 CITY-ST-ZIP: N.M.B FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Blanche Siegel* **SIGNATURE REQUIRED** DATE: **5/1/99** DAYTIME PHONE #: **305 653-2664**

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