

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90159 050 ****70.00



DOCUMENT # N50470
 1. Entity Name
 RO-MONT SOUTH CONDOMINIUM "N," INC.

Principal Place of Business
 135 NE 202 TERRACE
 NORTH MIAMI BEACH, FL 33179

Mailing Address
 135 NE 202 TERRACE
 NORTH MIAMI BEACH, FL 33179



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 20314 NE 2ND AVE
 Suite, Apt. #, etc.

04202004 Chg-NP CR2E037 (10/03)

City & State
 MIAMI GARDENS, FL

City & State
 MIAMI GARDENS, FL

Zip
 33179

Country
 USA

4. FEI Number
 59-1499069

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RO-MONT SOUTH EXECUTIVE COUNCIL
 20314 NE 2ND AVENUE
 N MIAMI BEACH, FL 33179

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUNTER SCOTT, VICTORIA 135 NE 202 TERRACE, 18 NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, SHIRLEY 135 NE 202 TERR N-7 MIAMI, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMOS, GEORGINA 135 NE 202 TERRACE N-31 N MIAMI BEACH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANKLIN, KAY 135 NE 2ND 202 TERRACE #10 NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VTD SMITH, DOROTHY 135 NE 202 TERR N-29 N MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAGAN, KAL 135 NE 202 TERR N-5 N MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Georgina Ramos DATE: 4-28-04 DAYTIME PHONE #: 3056531403
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR