

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50470

FILED  
Aug 15, 2007  
Secretary of State

Entity Name: RO-MONT SOUTH CONDOMINIUM "N," INC.

**Current Principal Place of Business:**

135 NE 202 TERRACE  
MIAMI GARDENS, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

20314 NE 2ND AVE  
MIAMI GARDENS, FL 33179

**New Mailing Address:**

FEI Number: 59-1499069      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RO-MONT SOUTH EXECUTIVE COUNCIL  
20314 NE 2ND AVENUE  
MIAMI GARDENS, FL 33179      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD      ( ) Delete  
Name: DAVIS, SHIRLEY  
Address: 135 NE 202 TERR N-7  
City-St-Zip: MIAMI, FL 33179

Title: VPD      ( ) Delete  
Name: RAMOS, GEORGINA  
Address: 135 NE 202 TERRACE N-31  
City-St-Zip: N MIAMI BEACH, FL 33179

Title: SD      ( ) Delete  
Name: FRANKLIN, KAY  
Address: 135 NE 2ND 202 TERRACE #10  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: PD      ( ) Delete  
Name: FAGAN, KAL  
Address: 135 NE 202 TERR N-5  
City-St-Zip: N MIAMI BEACH, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAL FAGAN

PD

08/15/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date