

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008
Secretary of State

DOCUMENT# N50470

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

05/14/2008

Electronic Signature of Signing Officer or Director

_____ Date