2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State
01-26-2007 90043 049 ****61.25

DOCUMENT # 740587

1. Entity Name

HOLLY COURT AT WOODMONT, A CONDOMINIUM ASSOCIATION, INC., A FLORIDA NON-PROFIT

Principal Place of Business	Mailing Address
OFFICE-POOLSIDE 8795 HOLLY COURT TAMARAC FL 33321	OFFICE-POOLSIDE 8795 HOLLY COURT TAMARAC FL 33321

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1891340 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FEINBERG, LAWRENCE 8770 HOLLY CT #6-201 TAMARAC FL 33321	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD LEFF, PHILIP 8760 HOLLY COURT TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T FEINBERG, LAWRENCE 8770 HOLLY COURT TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BERMAN, HAROLD 8791 HOLLY CT TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D LEVINE, ROSALYN 8799 HOLLY COURT TAMARAC FL 32321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S ~~LAZAR, S.~~ ~~8780 HOLLY CORT~~ ~~TAMARAC FL 33321~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S ANDRE McADEN 8790 Holly Court TAMARAC, FL. 33321 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D FROLICK, SY 8750 HOLLY COURT TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Lawrence Feinberg (LAWRENCE FEINBERG) 1/20/07 954-726-2799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #