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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741830

1. Corporation Name

LAFORAT AT WOODMONT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

% DR. MURRY J. APELBAUM
8300 BLACK OLIVE DR.
TAMARAC FL 33321

Mailing Address

% DR. MURRY J. APELBAUM
8300 BLACK OLIVE DR.
TAMARAC FL 33321



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

02/27/1978

4. FEI Number

59-2158283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**APELBAUM, MURRY J., DR.
8300 BLACK OLIVE DR.
TAMARAC FL 33321**

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **APELBAUM, LOIR**
STREET ADDRESS **8300 BLACK OLIVE DR**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **T** ☐ DELETE

NAME **KOCH, FAYE**
STREET ADDRESS **8310 BLACK OLIVE DR**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **SD** ☐ DELETE

NAME **CAIATI, JOE**
STREET ADDRESS **8330 BLACK OLIVE DRIVE**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **D** ☐ DELETE

NAME **LEIBOV, BERNIE**
STREET ADDRESS **7547 BLACK OLIVE AVE**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **D** ☐ DELETE

NAME **MILLER, BARRY**
STREET ADDRESS **7554 BLACK OLIVE AVE**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **D** ☐ DELETE

NAME **BRISKIN, PHYLLIS**
STREET ADDRESS **7524 BLACK OLIVE AVE**
CITY-ST-ZIP **TAMARAC FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE KEARED

FAYE KOCH

3/12/99

954-720-9324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)