

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741830

FILED
Feb 27, 2009
Secretary of State

Entity Name: LAFORET AT WOODMONT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ED HARNED
7581 BLACK OLIVE WAY
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

A & W PROPERTY MGMT. INC
P.O. BOX 15624
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 59-2158283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, ARLINE
A & W PROPERTY MANAGEMENT
9715 W. BROWARD BLVD PMB 235
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

WALKER, ARLINE
A & W PROPERTY MANAGEMENT
773 N W 100 TERRACE
PLANTATION, FL 33324 US

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: ARLINE WALKER

02/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BROWN, BARRY
Address: 7571 BLACK OLIVE WAY
City-St-Zip: TAMARAC, FL 33321

Title: SD () Delete
Name: MAIMON, RENEE
Address: 7535 BLACK OLIVE AVE
City-St-Zip: TAMARAC, FL 33321

Title: PD () Delete
Name: LEIBOV, BERNIE
Address: 7547 BLACK OLIVE AVE
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: HARNED, ED
Address: 7524 BLACK OLIVE WAY
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: STEWART, BRIAN
Address: 7591 BLACK OLIVE WAY
City-St-Zip: TAMARAC, FL 33321

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:

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: ARLINE WALKER

MGR

02/27/2009

Electronic Signature of Signing Officer or Director

Date