

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **767745** (3)
1. Corporation Name
WOODMONT TRACT 57 HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **8725 N.W. 76TH CT. TAMARAC FL 33321**
Mailing Address: **8725 N.W. 76TH CT. TAMARAC FL 33321**

3. Date Incorporated or Qualified: **03/30/1983**
3a. Date of Last Report: **12/18/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	65-0117808	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	30	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROVER, LESTER
8725 N.W. 76TH COURT
STE 800
TAMARAC FL 33321

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PROVER, LESTER 8725 N.W. 76TH CT TAMARAC FL	1.1 TITLE	VD LESTER PROVER 8725 NW 76TH CT TAMARAC, FLA 33321
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD FINKELSTEIN, MITCHEL 8718 N.W. 76TH COURT TAMARAC FL	2.1 TITLE	PD SHELDON WOLFF 7730 NW 87 AVE TAMARAC, FLA 33321
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD WEISS, ALAN 8541 N.W. 80TH ST TAMARAC FL	3.1 TITLE	VD MARTIN COHN 8530 NW 79 ST TAMARAC, FLA 33321
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD WAX, MURRAY 8522 N.W. 80TH ST TAMARAC FL	4.1 TITLE	SD JULIAN ROBERTS 8550 NW 79 ST TAMARAC, FLA 33321
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD HOIT, LEONARD 8710 NW 76 CT TAMARAC FL	5.1 TITLE	TD CHARLES ROTHMAN 7626 NW 87 AVE TAMARAC, FLA 33321
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), 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.

SIGNATURE: Charles Rothman Date: 4/8/96 (305) 722-2087

CR2E037 (12/95)