

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 # N06126 (9)

1. Corporation Name

ASHMONT CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business

Mailing Address

MWI BROWARD INC.
3500 GATEWAY DR #202
POMPANO BCH. FL 33069

MWI BROWARD INC.
3500 GATEWAY DR #202
POMPANO BCH. FL 33069

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

11/13/1984

3a. Date of Last Report

04/04/1995

4. FEI Number

59-2391462

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERLMAN, HELEN
7855 ASHMONT CIR.
TAMARAC FL 33321

81 Name CHRISTOPHER J. FLUEHR

82 Street Address (P.O. Box Number is Not Acceptable)
3500 GATEWAY DR. #202

83

84 City POMPAHO BEACH FL 85 Zip Code 33069

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 NAME ☐ DELETE

SD
NAME PERLMAN, HELEN
STREET ADDRESS 7855 ASHMONT CIRCLE
CITY-ST-ZIP TAMARAC FL

TITLE NAME ☐ DELETE

TD
NAME KURTZMAN, MARVIN
STREET ADDRESS 7801 ASHMONT CIRCLE
CITY-ST-ZIP TAMARAC FL

TITLE NAME ☐ DELETE

VD
NAME FELDMAN, MORRIS
STREET ADDRESS 7827 ASHMONT CIRCLE
CITY-ST-ZIP TAMARAC FL

TITLE NAME ☐ DELETE

PD
NAME FLAUMENBAUM, RUBIN
STREET ADDRESS 7863 ASHMONT CIRCLE
CITY-ST-ZIP TAMARAC FL

TITLE NAME ☒ DELETE

VD
NAME MENDEL, JEROME
STREET ADDRESS 7835 ASHMONT CIRCLE
CITY-ST-ZIP TAMARAC FL

TITLE NAME ☐ DELETE

VD
NAME STEIN, MOLLIE
STREET ADDRESS 7849 ASHMONT CIRCLE
CITY-ST-ZIP TAMARAC, FL 33069

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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: *Rubin Flaumenbaum*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/2/96

Daytime Phone: 1315-726-4304

CR2E037 (12/95)