

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90044 032 ****61.25

DOCUMENT # N07137

1. Entity Name

ASHMONT CONDOMINIUM E ASSOCIATION, INC.



Principal Place of Business

MWI BROWARD, INC.
4373 ROCCK ISLAND RD
LAUDER HILL FL 33319
US

Mailing Address

MWI BROWARD, INC.
4373 ROCK ISLAND RD
LAUDERHILL FL 33319
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2484582

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

CRITTENBERGER, KELLY
4373 ROCK ISLAND ROAD
LAUDERHILL FL 33319

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, 2004

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	TD ZIONTZ, LEE <input type="checkbox"/> Delete
STREET ADDRESS	7468 ASHMONT CIR
CITY-ST-ZIP	TAMARAC FL
TITLE NAME	SD REGINALD, WEISS <input type="checkbox"/> Delete
STREET ADDRESS	7460 ASHMONT CIR.
CITY-ST-ZIP	TAMARAC FL 33321
TITLE NAME	VD FARLEY, JOHN <input type="checkbox"/> Delete
STREET ADDRESS	7400 ASHMONT CIRCLE
CITY-ST-ZIP	TAMARAC FL
TITLE NAME	VD ROCKOFF, STELLA <input type="checkbox"/> Delete
STREET ADDRESS	7438 ASHMONT CIRCLE
CITY-ST-ZIP	TAMARAC FL
TITLE NAME	PD KLEIMAN, LEO <input type="checkbox"/> Delete
STREET ADDRESS	7440 ASHMONT CIRCLE
CITY-ST-ZIP	TAMARAC FL
TITLE NAME	D LOEFFLER, ARTHUR <input checked="" type="checkbox"/> Delete
STREET ADDRESS	7436 ASHMONT CIR.
CITY-ST-ZIP	TAMARAC FL 33321

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	VD WEISS REGINALD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7460 ASHMONT CIRCLE
CITY-ST-ZIP	TAMARAC, FLORIDA 33321
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	SD ROCKOFF, STELLA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7438 ASHMONT CIRCLE
CITY-ST-ZIP	TAMARAC, FLORIDA 33321
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	SD KAISER, SOL <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7410 ASHMONT CIRCLE
CITY-ST-ZIP	TAMARAC, FLORIDA 33321

12. 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 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:

Leo Kleiman *PRESIDENT*

4-12-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #