

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N07137

1. Entity Name

ASHMONT CONDOMINIUM E ASSOCIATION, INC.



FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90004 034 ****61.25

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

00064111



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE CR2E037 (10/05)

4. FEI Number

59-2484582

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Kelly Crittenberger

7/24/06

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE TD ☐ Delete
NAME ZIONTZ, LEE
STREET ADDRESS 7468 ASHMONT CIR
CITY-ST-ZIP TAMARAC FL

TITLE T ☒ Delete
NAME REGINALD, WEISS
STREET ADDRESS 7460 ASHMONT CIR.
CITY-ST-ZIP TAMARAC FL 33321

TITLE V ☐ Delete
NAME FARLEY, JOHN
STREET ADDRESS 7400 ASHMONT CIRCLE
CITY-ST-ZIP TAMARAC FL

TITLE SD ☒ Delete
NAME ROCKOFF, STELLA
STREET ADDRESS 7438 ASHMONT CIRCLE
CITY-ST-ZIP TAMARAC FL

TITLE PD ☐ Delete
NAME KLEIMAN, LEO
STREET ADDRESS 7440 ASHMONT CIRCLE
CITY-ST-ZIP TAMARAC FL

TITLE S ☒ Delete
NAME KAISER, SOL
STREET ADDRESS 7410 ASHMONT CIRCLE
CITY-ST-ZIP TAMARAC FL 33321

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

T ARTHUR LOEFFLER ☐ Change ☒ Addition
7436 ASHMONT CIRCLE
TAMARAC FL-33321

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

SD SANDY ACKERMAN ☐ Change ☒ Addition
7470 ASHMONT CIRCLE
TAMARAC FL-33321

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 LEO KLEIMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/06 854-726-6766

Date

Daytime Phone #