

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07137

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** ASHMONT CONDOMINIUM E ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2484582

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRITTENBERGER, KELLY  
4373 ROCK ISLAND ROAD  
LAUDERHILL, FL 33319 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: ZIONTZ, LEE  
Address: 7468 ASHMONT CIR  
City-St-Zip: TAMARAC, FL

Title: VP ( ) Delete  
Name: FARLEY, JACK  
Address: 7400 ASHONT CIR  
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: S ( ) Delete  
Name: ACKERMAN, SANDRA  
Address: 7470 ASHMONT CIRCLE  
City-St-Zip: TAMARAC, FL 33321

Title: P ( ) Delete  
Name: LOEFFLER, ARTHUR  
Address: 7436 ASHMONT CIRCLE  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: DOBRIN, ELLEN  
Address: 7402 ASHONT CIR  
City-St-Zip: FORT LAUDERDALE, 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: KELLY CRITTENBERGER

RA

04/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date