

# 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**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

4. FEI Number  
**65-0117808**  
**NOT APPLICABLE**

Applied For  
Not Applicable

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
**23**

City & State  
**28**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

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

**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

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	STREET ADDRESS	CITY - ST - ZIP	DELETED
PD	PROVER, LESTER	8725 N.W. 76TH CT	TAMARAC FL	<input type="checkbox"/>
VD	FINKELSTEIN, MITCHEL	8718 N.W. 76TH COURT	TAMARAC FL	<input checked="" type="checkbox"/>
VD	WEISS, ALAN	8541 N.W. 80TH ST	TAMARAC FL	<input checked="" type="checkbox"/>
SD	WAX, MURRAY	8522 N.W. 80TH ST	TAMARAC FL	<input checked="" type="checkbox"/>
TD	HOIT, LEONARD	8710 NW 76 CT	TAMARAC FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

## 13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
VD	LESTER PROVER	8725 NW 76TH CT	TAMARAC, FLA 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	SHELDON WOLFF	7730 NW 87 AVE	TAMARAC, FLA 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	MARTIN COHN	8530 NW 79 ST	TAMARAC, FLA 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	JULIAN ROBERTS	8550 NW 79 ST	TAMARAC, FLA 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	CHARLES ROTHMAN	7626 NW 87 AVE	TAMARAC, FLA 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)(4), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 (305) 722-2087  
Date Daytime Phone

CR2E037 (12/95)