FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 767745

1. Corporation Name

WOODMONT TRACT 57 HOMEOWNERS ASSOCIATION, INC.

Princ	ipal F	Place	of Busine	SS
0716	MIM	TOTAL	CT	

TAMARAC FL 33321

Mailing Address

8725 N.W. 76TH CT. TAMARAC FL 33321

FILED Apr 30, 1999 8:00 am \$ Secretary of State

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2. Principal Place of Business			2a. Mailing Address			3. Date Incorporated or Qual 03/30/1983	fed				
21						4. FEI Number		An	olied For		
				itc.			65-0117808			Applicable	
22	011. 0.004	<u> </u>	City & State				00 0111000		\$8.75 A		
23	City & State	e	28				5. Certificate of Status Desired			Fee Required	
	Zip	Country	Zip	Country			6. Election Campaign Finance	ng 🗀	\$5.00	0 May Be	
24		25 29 30		30	0		Trust Fund Contribution		Added to	Added to Fees	
		9. Name and Address of Curren	t Registered Agent				10. Name and Address of No	w Registere	d Agent		
1					81	Name					
	PROVER, I				82	Street A	et Address (P.O. Box Number is Not Acceptable)				
. 1	8725 N.W.	. 76TH COURT		83					-		
	STE 800		•		63]					
•	TAMARAC	FL 33321			84	City		· ·F	L 85 Zip C	ode	
	office or re	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obligation.	of Florida. Such change was a tions of, Section 617.0503, Flo	authorize orida Sta	a by tutes	tne corpoi	urporation submits this statement for ation's board of directors. I hereby a directors in the statement for a directors in the statement for a director in the	ccept the ap	pointment as reg	gistered	
12.		Signature, typed or printed name of registered ager	ID DIRECTORS	13		it syliamic in	ADDITIONS/CHANGES TO		AND DIRECTO	RS IN 12	
TITL		OFFICERS AN	DELETE	_	TITLE		,		Change	☐ Addition	
1		I Y	23	- 1	NAME	}					
NAM	_	PROVER, LESTER		1		* 4000000	-				
	EET ADDRESS	8725 N.W. 76TH CT				TADDRESS					
	-ST-ZIP	TAMARAC FL	DELETE		CITY-S	T-ZIP				☐ Addition	
ПΩ	E	D	€ DEFE IE		TITLE	ŀ	•	•	Grange		
NAM	Œ	SHELDON, WOLFF			NAME						
STR	EET ADDRESS	7730 NW 87, AVENUE		2.3	STREE	TADORESS	·				
cm	r-ST-ZIP ·	TAMARAC FL -		_	CITY-S	ST-ZIP	<u> </u>				
TITL	E į	VD.	☐ DELETE	3.1	TITLE				Change	Addition Addition	
NAM	Æ	COHN, MARTIN		3.2	NAME	}					
STR	EET ADORESS	8530 NW 79 STREET		3.3	STREE	TADORESS		•			
cm	r-ST-ZIP	TAMARAC FL		3.4.	CITY-5	ST-ZIP					
TITL	E	PD	☐ DELETE	4.1	TITLE				Change	Addition Addition	
NAM	ME .	ROBERTS, JULIAN		4. 2	NAME						
STR	EET ADDRESS			4.3	STREE	TADDRESS			•		
CITY	/-ST-ZIP	TAMARAC FL		4.4	CITY-S	T-ZIP					
ΤΠL		SD	☐ DELETE	5.1	TITLE	T	. — —	•	Change	☐ Addition	
NAM	KE.	ROTHMAN, CHARLES		5.2	NAME	ļ	,	-			
	EET ADDRESS			5.3	STREE	T ADDRESS	•	•			
Ì	r-ST-ZIP	TAMARAC FL		5.4	CITY-S	T-ZIP					
गाः		VD	☐ DELETE	6.1	TITLE				☐ Change	. Addition	
	E JUST	GREENBAUM, CHARLES		6.2	NAME			•			
		r		6.3	STREE	TADDRESS		•			
	EET ADDRESS. 7-ST-ZIP	7 7 7			CITY-5						
CITY	/-ST-ZIP	TAMARAC FL		0.4	OII 1-9	11-21					

Thereby 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 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, with all other like empowered.