

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767745

1. Entity Name

WOODMONT TRACT 57 HOMEOWNERS ASSOCIATION, INC.

(R)

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90009 030 ****61.25

Principal Place of Business

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

Mailing Address

8725 N.W. 76TH CT.
TAMARAC FL 33321-1608

2. Principal Place of Business

7626 NW 87 AVE

Suite, Apt. #, etc.

3. Mailing Address

7626 NW 87 AVE

Suite, Apt. #, etc.

City & State

TAMARAC, FL

City & State

TAMARAC, FL

Zip

33321

Country

USA

Zip

33321

Country

USA

4. FEI Number

65-0117808

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PROVER, LESTER
8725 N.W. 76TH COURT
STE 800
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name CHARLES ROTHMAN

Street Address (P.O. Box Number is Not Acceptable)

7626 NW 87 AVE

City

TAMARAC

FL

Zip Code

33321

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.

SIGNATURE

CHARLES ROTHMAN

Charles Rothman

5/1/00

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PROVER, LESTER	
STREET ADDRESS	8725 N.W. 76TH CT	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHELDON, WOLFF	
STREET ADDRESS	7730 NW 87 AVENUE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COHN, MARTIN	
STREET ADDRESS	8530 NW 79 STREET	
CITY-ST-ZIP	TAMARAC FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERTS, JULIAN	
STREET ADDRESS	8550 NW 79 STREET	
CITY-ST-ZIP	TAMARAC FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROTHMAN, CHARLES	
STREET ADDRESS	7626 NW 87 AVENUE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GREENBAUM, CHARLES	
STREET ADDRESS	8602 NW 79TH ST	
CITY-ST-ZIP	TAMARAC FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD ROB	
STREET ADDRESS	8711 NW 76 CT.	
CITY-ST-ZIP	TAMARAC, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)