

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90057 013 ****61.25

DOCUMENT # 767745

1. Entity Name

WOODMONT TRACT 57 HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

7626 NW 87TH AVE
TAMARAC FL 33321

Mailing Address

7626 NW 87TH AVE
TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

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

7. Name and Address of New Registered Agent

ROTHMAN, CHARLES
7626 NW 87TH AVE
TAMARAC FL 33334

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

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
Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ROBBINS, RICHARD ☒ Delete
STREET ADDRESS 871 NW 76 COURT
CITY-ST-ZIP TAMARAC FL 33321

TITLE SECRETARY / DIRECTOR
NAME SICILIANO, FRED ☐ Change ☒ Addition
STREET ADDRESS 7917 NW 37 AVENUE
CITY-ST-ZIP TAMARAC, FL 33321

TITLE TD
NAME ROTHMAN, CHARLES ☐ Delete
STREET ADDRESS 7626 NW 87 AVE
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE VPD
NAME NIAD, NZIL ☒ Delete
STREET ADDRESS 7614 NW 87 AVE
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE SD
NAME SONENBLUM, HARRY ☒ Delete
STREET ADDRESS 8720 NW 79 STREET
CITY-ST-ZIP TAMARAC FL 33321

TITLE DIRECTOR
NAME SONENBLUM, HARRY ☐ Change ☐ Addition
STREET ADDRESS 8720 NW 79 STREET
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D
NAME SABATIER, JEAN ☐ Delete
STREET ADDRESS 8630 NW 80 STREET
CITY-ST-ZIP TAMARAC FL 33211

TITLE PRESIDENT / DIRECTOR
NAME SABATIER, JEAN ☒ Change ☐ Addition
STREET ADDRESS 8630 NW 80 STREET
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D
NAME SINGER, NATHAN ☒ Delete
STREET ADDRESS 7640 NW 80- STREET
CITY-ST-ZIP TAMARAC FL 33321

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

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: *Charles Rothman* *CHARLES ROTHMAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/04

954-722-2087