

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90070 023 ****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**

20013678



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0117808	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROTHMAN, CHARLES
7626 NW 87TH AVE
TAMARAC, FL 33334**

**DO NOT WRITE
IN THIS SPACE**

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

Charles Rothman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

1/5/05

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE SD	SICILANO, FRED
NAME	
STREET ADDRESS	7917 NW 37 AVE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE TD	ROTHMAN, CHARLES
NAME	
STREET ADDRESS	7626 NW 87 AVE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE P	SABATIER, JEAN
NAME	
STREET ADDRESS	8630 NW 80 STREET
CITY-ST-ZIP	TAMARAC, FL 33211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

1/5/05

954-722-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

Date

Daytime Phone #