2006 NOT-FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 27, 2006 8:00 am Secretary of State **DOCUMENT # 767745** 1. Entity Name 03-27-2006 90260 006 ****61.25 WOODMONT TRACT 57 HOMEOWNERS ASSOCIATION, Principal Place of Business Mailing Address 7626 NW 87TH AVE TAMARAC FL 33321 7626 NW 87TH AVE TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 65-0117808 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROTHMAN, CHARLES Street Address (P.O. Box Number is Not Acceptable) 7626 NW 878TH AVE TAMARAC FL 33334 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. **⊠** Delete Change TITLE TITLE Addition WEST, PHYLLIS SICILANO, FRED NAME NAME STREET ADDRESS 7917 NW 37 AVE STREET ADDRESS Tomoroc, F(33321 CITY-ST-ZIP TAMARAC FL 33321 7 CITY-ST-ZIP TD Addition ☐ Delete ☐ Change TITLE TITLE ROTHMAN, CHARLES NAME NAME 7626 NW 87 AVE STREET ADDRESS STREET ADORESS TAMARAC FL 33321 CiTY-ST-ZIP CITY-ST-ZIP ROBSTHY REMAND 1 ROBSTAS REMAND 8711 NW 76 COSTA ☑ Delete BBF Addition TITLE SABATIER, JEAN NAME NAME STREET ADDRESS STREET ADDRESS 8630 NW 80 STREET TAMPARAL PL 33321 TAMARAC FL 33211 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Detete NAME STREET ADDRESS STREET ADDRESS

12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS

NAME

Rothway TRASINER
PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

FILED

☐ Change

☐ Addition