

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767745

FILED
Mar 26, 2009
Secretary of State

Entity Name: WOODMONT TRACT 57 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8612 NW 79 STREET
TAMARAC, FL 33321

New Principal Place of Business:

7917 NW 87TH AVE.
TAMARAC, FL 33321

Current Mailing Address:

8612 NW 79 STREET
TAMARAC, FL 33321

New Mailing Address:

7917 NW 87TH AVE.
TAMARAC, FL 33321

FEI Number: 65-0117808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEISCHMAN, DEBRA
8612 NW 79 STREET
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

GLAZER & ASSOCIATES, P.A.
3113 STIRLING ROAD
SUITE 201
HOLLYWOOD, FL 33312 US

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: SCOTT SHAPIRO

03/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLEISCHMAN, DEBRA
Address: 8612 NW 79 STREET
City-St-Zip: TAMARAC, FL 33321

Title: TD () Delete
Name: ROTHMAN, CHARLES
Address: 7626 NW 87 AVE
City-St-Zip: TAMARAC, FL 33321

Title: SD () Delete
Name: YANCY, IDA
Address: 8541 NW 80 STREET
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: PLACKS, DEBRA
Address: 8555 NW 77 STREET
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: EHREN, STUART
Address: 7618 NW 87 AVE
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: CHESTER, SOLEN DE
Address: 7606 NW 87 AVE
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SICILIANO, KIMBERLEY
Address: 7917 NW 87 AVE
City-St-Zip: TAMARAC, FL 33321

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PLACKO, DEBRA
Address: 8555 NW 77 STREET
City-St-Zip: TAMARAC, FL 33321

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLEY SICILIANO

TD

03/26/2009

Electronic Signature of Signing Officer or Director

Date