

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 738883

**Entity Name:** VILLAS AT WOODMONT CONDOMINIUM - 73, INC.

**Current Principal Place of Business:**

C/O CONSOLIDATED COMMUNITY MANAGEMENT  
7124 NORTH NOB HILL ROAD 407  
TAMARAC, FL 33321

**Current Mailing Address:**

C/O CONSOLIDATED COMMUNITY MANAGEMENT  
7124 NORTH NOB HILL ROAD 407  
TAMARAC, FL 33321 US

**FEI Number: 59-1861871**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VALANCY, STEPHEN  
310 SE 13TH STREET  
FORT LAUDERDALE, FL 33316 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: STEPHEN VALANCY**

**06/04/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name ADELMAN, STEVE  
Address C/O CCM, INC.  
7124 N. NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title SECRETARY  
Name SIMON, SUSAN  
Address C/O CCM, INC.  
7124 N. NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR  
Name SCHNEIDER, LINDA  
Address C/O CCM, INC.  
7124 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title PRESIDENT  
Name DOWNEY, ARLENE  
Address C/O CCM, INC.  
7124 N. NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title TREASURER  
Name HAVIARAS, GEORGE  
Address C/O CCM, INC.  
7124 N. NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR  
Name PIEDRA, WANDA  
Address C/O CONSOLIDATED COMMUNITY  
MANAGEMENT  
7124 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR  
Name GOHR, ANDREW  
Address C/O CONSOLIDATED COMMUNITY  
MANAGEMENT  
7124 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

*I hereby 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 all other like empowered.*

**SIGNATURE: DOWNEY , ARLENE**

**PRESIDENT**

**06/04/2024**

Electronic Signature of Signing Officer/Director Detail

Date