

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741830

**Entity Name:** LAFORET AT WOODMONT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O A & W PROPERTY MANAGEMENT INC  
9715 W BROWARD BLVD #2325  
PLANTATION, FL 33324

**Current Mailing Address:**

A & W PROPERTY MGMT. INC  
P.O. BOX 15624  
PLANTATION, FL 33318

**FEI Number:** 59-2495525

**Certificate of Status Desired:** No

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

WALKER, ARLINE  
A & W PROPERTY MANAGEMENT  
773 N W 100 TERRACE  
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            BROWN, BARRY  
Address        7571 BLACK OLIVE WAY  
City-State-Zip: TAMARAC FL 33321

Title            TREASURER, DIRECTOR  
Name            STEWART, BRIAN  
Address        7591 BLACK OLIVE WAY  
City-State-Zip: TAMARAC FL 33321

Title            VP, DIRECTOR  
Name            NICOSIA, NICHOLAS  
Address        7602 BLACK OLIVE WAY  
City-State-Zip: TAMARAC FL 33321

Title            DIRECTOR  
Name            APELBAUM, LAURIE  
Address        8300 BLACK OLIVE DRIVE  
City-State-Zip: TAMARAC FL 33321

Title            SECRETARY, DIRECTOR  
Name            GREAVES, ANTHE  
Address        7501 BLACK OLIVE WAY  
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:** BARRY BROWN

**PRESIDENT**

**02/07/2017**

Electronic Signature of Signing Officer/Director Detail

Date