### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 741830** 

Entity Name: LAFORET AT WOODMONT HOMEOWNERS ASSOCIATION, INC.

FILED Feb 04, 2016 Secretary of State CC1277454176

## **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:

TitlePRESIDENT, DIRECTORTitleTREASURER, DIRECTORNameBROWN, BARRYNameSTEWART, BRIANAddress7571 BLACK OLIVE WAYAddress7591 BLACK OLIVE WAY

Address 75/1 BLACK OLIVE WAY Address 7591 BLACK OLIVE WAY

City-State-Zip: TAMARAC FL 33321 City-State-Zip: TAMARAC FL 33321

Title VP, DIRECTOR Title DIRECTOR

NameNICOSIA, NICHOLASNameAPELBAUM, LAURIEAddress7602 BLACK OLIVE WAYAddress8300 BLACK OLIVE DRIVECity-State-Zip:TAMARAC FL 33321City-State-Zip:TAMARAC FL 33321

Title SECRETARY, DIRECTOR

Name GREAVES, ANTHE
Address 7501 BLACK OLIVE WAY

City-State-Zip: TAMARAC FL 33321

Electronic Signature of Signing Officer/Director Detail

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.