

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753846

FILED
Apr 08, 2024
Secretary of State
4329936270CC**Entity Name:** THE PINES AT WOODMONT - III CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**950 SOUTH PINE ISLAND RD
SUITE A150
PLANTATION, FL 33324**Current Mailing Address:**8211 WEST BROWARD BLVD.
PH1
PLANTATION, FL 33324 US**FEI Number: 59-2278483****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BROUGH, CHADROW & LEVINE, P.A.
2149 NORTH COMMERCE PARKWAY
WESTON, FL 33326 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
Name	BROWN, RICHARD
Address	8211 WEST BROWARD BLVD. PH1
City-State-Zip:	PLANTATION FL 33324

Title	VP
Name	FLEISCHMAN, JANIS
Address	8211 WEST BROWARD BLVD. PH1
City-State-Zip:	PLANTATION FL 33324

Title	TREASURER
Name	ROBERGE, PAULA
Address	8211 WEST BROWARD BLVD. PH1
City-State-Zip:	PLANTATION FL 33324

Title	SECRETARY
Name	FORRESTER, MARCIA C
Address	8211 WEST BROWARD BLVD. PH1
City-State-Zip:	PLANTATION FL 33324

Title	DIRECTOR
Name	BENJAMIN, ROB
Address	8211 WEST BROWARD BLVD. PH1
City-State-Zip:	PLANTATION FL 33324

Title	DIRECTOR
Name	FURER, DOVE
Address	8211 WEST BROWARD BLVD. PH1
City-State-Zip:	PLANTATION FL 33324

Title	DIRECTOR
Name	SOLOMON, ARLENE
Address	8211 WEST BROWARD BLVD. PH1
City-State-Zip:	PLANTATION FL 33324

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: BROWN , RICHARD**PRESIDENT****04/08/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date