DOCUMENT# 767745

Entity Name: WOODMONT TRACT 57 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7626 NW 87TH AVE. TAMARAC, FL 33321

Current Mailing Address:

7626 NW 87TH AVE. TAMARAC, FL 33321

FEI Number: 65-0117808

Name and Address of Current Registered Agent:

MILBERG KLEIN, P.L. 5550 GLADES ROAD, SUITE 500 BOCA RATON, FL 33431 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:

Address

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PD	Title	TD
Name	ROTHMAN, CHARLES	Name	NIAD, CAROL
Address	7626 NW 87TH AVE.	Address	7614 NW 87 AVE
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321
Title	DIRECTOR	Title	SECRETARY
Name	GRIFFIN, JIM	Name	GOLOD, LENNY
Address	7810 NW 85 AVENUE	Address	7820 NW 85TH AVE.
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321
Title	DIRECTOR	Title	DIRECTOR
Name	EHREN, STUART	Name	SONENBLUM, HARRY
Address	7618 NW 87TH AVE	Address	8720 NW 79 STREET
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321
Title	DIRECTOR		
Name	MOHABIR, DAVID		
	Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name Address City-State-Zip:	NameROTHMAN, CHARLESAddress7626 NW 87TH AVE.City-State-Zip:TAMARAC FL 33321TitleDIRECTORNameGRIFFIN, JIMAddress7810 NW 85 AVENUECity-State-Zip:TAMARAC FL 33321TitleDIRECTORNameEHREN, STUARTAddress7618 NW 87TH AVECity-State-Zip:TAMARAC FL 33321TitleDIRECTORNameEHREN, STUARTAddress7618 NW 87TH AVECity-State-Zip:TAMARAC FL 33321	NameROTHMAN, CHARLESNameAddress7626 NW 87TH AVE.AddressCity-State-Zip:TAMARAC FL 33321City-State-Zip:TitleDIRECTORTitleNameGRIFFIN, JIMNameAddress7810 NW 85 AVENUEAddressCity-State-Zip:TAMARAC FL 33321City-State-Zip:TitleDIRECTORTitleNameEHREN, STUARTNameAddress7618 NW 87TH AVEAddressCity-State-Zip:TAMARAC FL 33321City-State-Zip:TitleDIRECTORTitleNameAddressCity-State-Zip:TitleDIRECTORCity-State-Zip:TitleDIRECTORCity-State-Zip:TitleDIRECTORCity-State-Zip:TitleDIRECTORCity-State-Zip:TitleDIRECTORCity-State-Zip:TitleDIRECTORCity-State-Zip:TitleDIRECTORCity-State-Zip:TitleDIRECTORCity-State-Zip:TitleDIRECTORCity-State-Zip:TitleDIRECTORCity-State-Zip:TitleDIRECTORCity-State-Zip:TitleDIRECTORCity-State-Zip:TitleDIRECTORCity-State-Zip:TitleDIRECTORCity-State-Zip:TitleDIRECTORCity-State-Zip:TitleDIRECTORCity-State-Zip:TitleDIRECTORCity-State-Zip:TitleDIRECTORCity-State-Zip:TitleDIRECTORCity

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: CHARLES ROTHMAN

8725 NW 76 COURT

City-State-Zip: TAMARAC FL 33321

DIRECTOR, PRESIDENT 03/17/2015

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 17, 2015 Secretary of State CC4672390811

Date

Certificate of Status Desired: Yes