

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06126

**Entity Name:** ASHMONT CONDOMINIUM I ASSOCIATION, INC.

**Current Principal Place of Business:**

CAMPBELL PROEPRTY MANAGEMENT  
8010 N.UNIVERSITY DR  
TAMARAC, FL 33321

**Current Mailing Address:**

CAMPBELL PROPERTY MANAGMENT  
8010 N.UNIVERSITY DR  
TAMARAC, FL 33321 US

**FEI Number:** 59-2391462

**Certificate of Status Desired:** No

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

CAMPBELL PROPERTY MANAGMENT  
8010 N UNIVERSITY DRIVE  
TAMARAC, FL 33321 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            FISCHLER, CONRAD  
Address        7857 ASHMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321

Title            TRES  
Name            APPLEBAUM, RUTH  
Address        7805 ASHMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321

Title            VP  
Name            WRIGHT, CHARLES  
Address        7823 ASHMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321

Title            SECRETARY  
Name            SOMMER, JUERGEN  
Address        7847 ASHMONT CIRCLE  
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: CONRAD FISCHLER**

**PRESIDENT**

**04/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date