2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739785

FILED Feb 28, 2009 Secretary of State

Entity Name: WOODMONT ESTATES HOMEOWNERS ASSOCIATION, INC.

| Current Principal Place of Business: | | | New Principal Pla | New Principal Place of Business: | |
|--|---|---|---|---|--|
| 7810 NW 86TH TERRACE TAMARAC, FL 33321 US Current Mailing Address: | | | | 9715 W BROWARD BLVD | |
| | | | 235 PLANTATION, FL | 33324 US | |
| | | | New Mailing Add | New Mailing Address: | |
| P.O. BOX | DP. MGMT INC 15624 TON, FL 33318 | | | | |
| FEI Number | r: 59-2506737 | FEI Number Applied For () | FEI Number Not Applicable (| Certificate of Status Desired () | |
| Name and | d Address of (| Current Registered Agent: | Name and Addres | ss of New Registered Agent: | |
| WALKER, ARLINE AJW PROPERTY MGMT INC 9715 W BROWARD BLVD PMB 235 PLANTATION, FL 33324 US | | | A & W PROPERTY 773 N W 100 TER | WALKER, ARLINE A & W PROPERTY MGMT INC 773 N W 100 TERRACE PLANTATION, FL 33324 US | |
| | e named entity e of Florida. | submits this statement for the p | ourpose of changing its regist | ered office or registered agent, or both, | |
| SIGNATU | RE: ARLINE | WALKER | | 02/28/2009 | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| OFFICER | S AND DIREC | TORS: | ADDITIONS/CHA | NGES TO OFFICERS AND DIRECTOR | |
| Title: Name: | D (SCHILLER, HO |) Delete | Title: | () Change () Addition | |
| Address: City-St-Zip: | 7810 NW 86TH TAMARAC, FL | TERRACE | Name: Address: City-St-Zip: | | |
| Address: City-St-Zip: Fitle: Name: Address: | 7810 NW 86TH TAMARAC, FL | HTERRACE 33321) Delete WAY | Address: | ()Change ()Addition | |
| Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: | 7810 NW 86TH TAMARAC, FL SD (RIVERA, GINA 7728 BANYAN TAMARAC, FL DP (LEONARD, JAI 8640 BANYAN | HTERRACE 33321) Delete WAY 33321) Delete | Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: DT Name: LEONA Address: 8640 B | () Change () Addition (X) Change () Addition RD, JANICE ANYAN PL AUDERDALE, FL 33321 | |
| Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address: Address: | 7810 NW 86TH TAMARAC, FL SD (RIVERA, GINA 7728 BANYAN TAMARAC, FL DP (LEONARD, JAI 8640 BANYAN FORT LAUDER D (SCHLOSSBER 8630 BANYAN | H TERRACE 33321) Delete WAY 33321) Delete NICE PL RDALE, FL 33321) Delete EG, JOHN | Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: DT Name: LEONA Address: 8640 B | (X) Change()Addition RD, JANICE ANYAN PL | |
| Address: | 7810 NW 86TH TAMARAC, FL SD (RIVERA, GINA 7728 BANYAN TAMARAC, FL DP (LEONARD, JAI 8640 BANYAN FORT LAUDEF D (SCHLOSSBER 8630 BANYAN FORT LAUDEF | H TERRACE 33321) Delete WAY 33321) Delete NICE PL RDALE, FL 33321) Delete EG, JOHN WAY RDALE, FL 33321) Delete E WAY | Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: DT Name: LEONA Address: 8640 B, City-St-Zip: FORT L Title: Name: Address: | (X) Change()Addition RD, JANICE ANYAN PL AUDERDALE, FL 33321 | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARLINE WALKER MGR 02/28/2009