

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortriam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 17 1996 8:00 am
Secretary of State

DOCUMENT # 741830
1. Corporation Name

La Foret at Woodmont Homeowners Association

Principal Place of Business Mailing Address

8300 Black Olive Drive
Tamarac FL 33321

3. Date Incorporated or Qualified	3a. Date of Last Report
02/27/78	02/06/95
4. FEI Number	Applied For
59-2495525	<input type="checkbox"/>
741830	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt # etc	26. Suite, Apt #, etc	22. City & State	27. City & State
23. Zip	28. Zip	24. Country	29. Country
25. Country	30. Country		

9. Name and Address of Current Registered Agent

DR. MURRY J. APELBAUM
8300 BLACK OLIVE DR.
TAMARAC, FL. 33321

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title of applicant

REG-11 Registered Agent's signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORI APELBAUM	1.2 NAME	
STREET ADDRESS	8300 BLACK OLIVE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT - BOARD MEMBER	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHYLLIS-PHYLISS BRISKIN	2.2 NAME	
STREET ADDRESS	7524 BLACK OLIVE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL. 33321	2.4 CITY-ST-ZIP	
TITLE	TREASURER	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAYE KOCH	3.2 NAME	
STREET ADDRESS	8310 BLACK OLIVE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL. 33321	3.4 CITY-ST-ZIP	
TITLE	SECRETARY - BOARD MEMBER	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY MILLER	4.2 NAME	
STREET ADDRESS	7554 BLACK OLIVE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	4.4 CITY-ST-ZIP	
TITLE	BOARD MEMBER	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE CAIATI	5.2 NAME	
STREET ADDRESS	8330 BLACK OLIVE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	5.4 CITY-ST-ZIP	
TITLE	BOARD MEMBER	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNIE LEIBOV	6.2 NAME	
STREET ADDRESS	7547 BLACK OLIVE AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL. 33321	6.4 CITY-ST-ZIP	

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06-17-96 OR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Faye Koch - FAYE KOCH TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/96

Daytime Phone #

CR2E037 (12/95)