

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90086 008 ****61.25

DOCUMENT # 741830 1. Entity Name LAFORAT AT WOODMONT HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O ED HARNED 7581 BLACK OLIVE WAY TAMARAC, FL 33321			Mailing Address C/O BARRY BROWN 7571 BLACK OLIVE WAY TAMARAC, FL 33321		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address A+W Property Mgmt Inc PO Box 15624			
City & State PLANTATION FL		City & State PLANTATION FL		4. FEI Number 59-2158283	
Zip 33318		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARNED, ED 7581 BLACK OLIVE WAY TAMARAC, FL 33321				7. Name and Address of New Registered Agent Name ARLINE WALKER Street Address (P.O. Box Number is Not Acceptable) A+W PROPERTY MANAGEMENT 773 NW 100 Terrace City PLANTATION FL Zip Code 33324	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Arline Walker</i></u> DATE <u>4/6/06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ISOM, MIKE 7635 BLACK OLIVE WAY TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, BARRY 7571 BLACK OLIVE WAY TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIO, RODRIQUES 7531 BLACK OLIVE WAY TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAYMOND TEIXEIRA 8350 BLACK OLIVE DR TAMARAC FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEIBOV, BERNIE 7547 BLACK OLIVE AVE TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARNED, ED 7524 BLACK OLIVE WAY TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISBERG, BARRY 7557 BLACK OLIVE WAY TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Arline Walker</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/7/06</u> Daytime Phone # _____	