2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 02, 2008 8:00 am Secretary of State

05-02-2008 90153 042 ****61.25

DOCUMENT #741830 LAFORET AT WOODMONT HOMEOWNERS ASSOCIATION, INC.



						(Table 1)								
Principal Place of Business C/O ED HARNED 7581 BLACK OLIVE WAY TAMARAC, FL 33321			A & P.O.	Mailing Address A & W PROPERTY MGMT. INC P.O. BOX 15624 PLANTATION, FL 33318										
2. Principal Place of Business - No P.O. Box #			3. Ma	3. Mailing Address										
Suite, Apt. #, etc.			Sı	Suite, Apt. #, etc.				01302008	Chg-NF	•	CR2E03	17 (12/06)		
City & State			С	City & State			4. FEI Number 59-2158283				Applied For Not Applicable			
Zip	Zip Country			Zip Country				-5. Certificate of Status Desired						
	6. Name	and Address of Curre	nt Register	ed Agent	gent				7. Name and Address of New Registered Agent					
						Name								
WALKER, ARLINE A & W PROPERTY MANAGEMENT 9715 W. BROWARD BLVD PMB 235				Street Addre			Iress (P	s (P.O. Box Number is Not Acceptable)						
PLANTATI			•										l	
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			•			City					FL	2p 0~	•	
	named entiti ions of regis	y submits this statement tered agent.	t for the pur	oose of changing its	register	ed office or re	gistere	ed agent, or bot	th, in the St	ate of Flori	ida. Iam i	familiar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered						id Agent eignature i	required t	when reinstating)			DATE			
Filing Fee is \$61.25 Due by May 1, 2008				Election Campaign Financing Trust Fund Contribution.										
	_							\$5.00 May B Added to Fees	е		ke check Ia Depari	payable t Iment of S		
10.	_		DIRECTORS	Trust Fund (]			Floric	ia Depari	tment of S	tate	
10.	_	flay 1, 2008	DIRECTORS	Trust Fund (Contribut	tion.]	Added to Fees		Floric	ia Depari	tment of S	tate	
	Due by N	OFFICERS AND	DIRECTORS	Trust Fund (Contribut 11.	E E]	Added to Fees		Floric	ia Depari	RECTORS IN	tate V 10	
TITLE	PD ISOM, MI	OFFICERS AND	DIRECTORS	Trust Fund (11.	E E]	Added to Fees		Floric	ia Depari	RECTORS IN	tate V 10	
TITLE NAME	PD ISOM, MI 7635 BLA	Aay 1, 2008 OFFICERS AND	DIRECTORS	Trust Fund (11. ITTL	fe fe]	Added to Fees		Floric	ia Depari	RECTORS IN	tate V 10	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISOM, MI 7635 BLA TAMARA	OFFICERS AND KE CK OLIVE WAY C, FL 33321	DIRECTOR	Trust Fund (11. TITL NAM STRI	E EET ADDRESS (-ST-ZIP)]	Added to Fees		Floric	ia Depari	timent of S RECTORS IN Change	N 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD ISOM, MI 7635 BLA TAMARA TD BROWN,	OFFICERS AND KE CK OLIVE WAY C, FL 33321	DIRECTOR	Trust Fund (11. ITTL NAM STRIC	E EET ADDRESS (-ST-ZIP)]	Added to Fees		Floric	ia Depari	timent of S RECTORS IN Change	N 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD ISOM, MI 7635 BLA TAMARA TD BROWN, 7571 BLA	OFFICERS AND KE CK OLIVE WAY C, FL 33321 BARRY	DIRECTORS	Trust Fund (11. TITL NAM STRIC CITY TITL NAM STRIC STRIC STRIC STRIC	E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP	A	Added to Fees		Floric	ia Depari	timent of S RECTORS IN Change	N 10 Addition	
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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 it 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 attactment with an address; with all other like empowered.

SIGNATURE: