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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745480

1. Corporation Name

**WOODMONT PROPERTY OWNERS ASSOCIATION OF TAMARAC,
INC.**

Principal Place of Business

P. O. BOX 25383
TAMARAC FL 33320

Mailing Address

P. O. BOX 25383
TAMARAC FL 33320



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/08/1979

4. FEI Number

59-1982262

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**WEINSTEIN, NUSSBAUM P
7880 N UNIVERSITY DR, STE 201
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **SCHNEIDER, BURTON S.**
STREET ADDRESS **8016 N.W. 72ND STREET**
CITY-ST-ZIP **TAMARAC FL**

TITLE **VD** ☐ DELETE
NAME **KIESCHMAN, IRWIN**
STREET ADDRESS **8224 NW 85TH AVE**
CITY-ST-ZIP **TAMARAC FL**

TITLE **VD** ☐ DELETE
NAME **SIVELLE, CHARLES**
STREET ADDRESS **7212 N.W. 83RD TERRACE**
CITY-ST-ZIP **TAMARAC FL**

TITLE **SD** ☒ DELETE
NAME **SCHAFER, RUTH**
STREET ADDRESS **8149 SILVER PALM COURT**
CITY-ST-ZIP **TAMARAC FL**

TITLE **SD** ☐ DELETE
NAME **CHICK, ROSE**
STREET ADDRESS **8791 HOLLY COURT, #102**
CITY-ST-ZIP **TAMARAC FL**

TITLE **TD** ☐ DELETE
NAME **WILLNER, WILLIAM**
STREET ADDRESS **8413 WATERFORD CIRCLE**
CITY-ST-ZIP **TAMARAC FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

7015 GOLF POINTE CIRCLE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM WILLNER 1/25/99 954-722-2210

CR2E037 (1/98)