

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 745480

1. Entity 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**



01262006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1982282

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**O'DONNELL, JOHN D ESQ
4367 NORTH FEDERAL HIGHWAY
COLONIAL BUILDING, SUITE 201
FORT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rechartering)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHNEIDER, BURTON S
STREET ADDRESS 8016 N.W. 72ND STREET
CITY-ST-ZIP TAMARAC, FL 33321

TITLE VD
NAME KIESCHMAN, IRWIN
STREET ADDRESS 8224 NW 85TH AVE
CITY-ST-ZIP TAMARAC, FL 33321

TITLE VD
NAME PICUS, PAUL
STREET ADDRESS 7411 CORKWOOD CIRCLE
CITY-ST-ZIP TAMARAC, FL 33321

TITLE SD
NAME ABRAHAMS, BERNICE
STREET ADDRESS 7878 NW 84 TERRACE
CITY-ST-ZIP TAMARAC, FL 33321

TITLE TD
NAME MEISTLE, STEVE
STREET ADDRESS 8157 PRINCESS PALM CIR
CITY-ST-ZIP TAMARAC, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000454808
03/15/06 R0022-012 70.00

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IN THIS SPACE**

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: **STEVE MEISTLE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-01-06

Date

954-746-6286
Daytime Phone #