

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
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**



03292007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1982262

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000701669
04/20/07-80066-003 70.00**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Burton S. Schneider, President 4/9/07 954.491-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Burton S. Schneider** Daytime Phone #