


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 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	



04302008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1982262	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 reinstalling) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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	

05/21/08-80100-025 61.25

**DO NOT WRITE
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* **4/30/08 954-491-2700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #