

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 JUN 12 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06042008 Chg-NP CR2E037 (12/06)

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		
2. Principal Place of Business - No P.O. Box # 4367 N. FEDERAL HWY.		3. Mailing Address Suite, Apt. #, etc.			
City & State FT. LAUDERDALE		City & State		4. FEI Number 59-1982262	
Zip 33308		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHNEIDER, BURTON S 8016 N.W. 72ND STREET TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KIESCHMAN, IRWIN 8224 NW 85TH AVE TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PICUS, PAUL 7411 CORKWOOD CIRCLE TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ABRAHAMS, BERNICE 7878 NW 84 TERRACE TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MEISTLE, STEVE 8157 PRINCESS PALM CIR TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	corr secretary J. Coutcher 8173 Royal Palm Court Tamarac FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Keith Stewart 8061 NW 72 Street Tamarac FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Benjamin Leace 8322 NW 74 Street Tamarac FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Bernard Leibov 7547 Black Olive Ave Tamarac FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <u>Burton S. Schneider, President</u>		06/10/2008 954-491-2700			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			

KS