

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758603

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: WOODMONT TRACT 70 HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8332 NW 74 ST  
TAMARAC, FL 33321

**New Principal Place of Business:**

8322 NW 74 ST  
TAMARAC, FL 33321

**Current Mailing Address:**

8332 NW 74 ST  
TAMARAC, FL 33321

**New Mailing Address:**

8322 NW 74 ST  
TAMARAC, FL 33321

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROUGH, CHADROW & LEVINE, P.A.  
1900 N. COMMERCE PARKWAY  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEACE, BEN  
Address: 8322 NW 74 ST  
City-St-Zip: TAMARAC, FL 33321

Title: STD ( ) Delete  
Name: BRODER, DOREEN  
Address: 7352 NW 83 WAY  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: HANZIMANOLIS, GEORGE  
Address: 7310 NW 83RD AVE  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: KOFFLER, MICKI  
Address: 8301 NW 74 ST  
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: D ( ) Delete  
Name: RADER, KENNETH  
Address: 8330 NW 73 ST  
City-St-Zip: FORT LAUDERDALE, FL 33321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOREEN BRODER

STD

02/25/2009

Electronic Signature of Signing Officer or Director

Date