
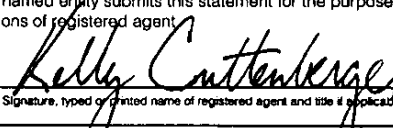
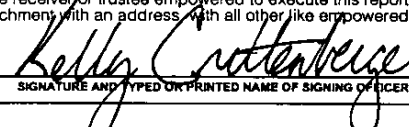


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 30, 2006 8:00 am**  
**Secretary of State**

06-30-2006 90001 031 \*\*\*\*61.25

<b>DOCUMENT # 770907</b> 1. Entity Name <b>ASHMONT NEIGHBORHOOD ASSOCIATION INC</b>					
Principal Place of Business <b>MWI-BROWARD, INC.</b> <b>4373 ROCK ISLAND RD</b> <b>LAUDERHILL, FL 33319 US</b>			Mailing Address <b>MWI-BROWARD, INC.</b> <b>4373 ROCK ISLAND RD</b> <b>LAUDERHILL, FL 33319 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>59-2391462</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CRITTENBERGER, KELLY</b> <b>4373 ROCK ISLAND RD</b> <b>LAUDERHILL, FL 33319</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 		(NOTE: Registered Agent signature required when reinstating)		DATE <b>6/28/06</b>	
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>PD</b> <span style="float: right;"><input checked="" type="checkbox"/> Delete</span>				
NAME	<b>EISNER, BERNARD</b>				
STREET ADDRESS	<b>7170 ASHMONT CIRCLE</b>				
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>				
TITLE	<b>TD</b> <span style="float: right;"><input checked="" type="checkbox"/> Delete</span>				
NAME	<b>GEIST, JANET</b>				
STREET ADDRESS	<b>7729 ASHMONT CIR</b>				
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>				
TITLE	<b>S</b> <span style="float: right;"><input type="checkbox"/> Delete</span>				
NAME	<b>FLADMENBAUM, ROBIN</b>				
STREET ADDRESS	<b>7863 ASHMONT CIRCLE</b>				
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>				
TITLE	<b>V</b> <span style="float: right;"><input type="checkbox"/> Delete</span>				
NAME	<b>LKEIMAN, LEO</b>				
STREET ADDRESS	<b>7440 ASHMONT CIRCLE</b>				
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>				
TITLE	<b>D</b> <span style="float: right;"><input type="checkbox"/> Delete</span>				
NAME	<b>SIMON, JOEL</b>				
STREET ADDRESS	<b>7267 ASHMONT CIRCLE</b>				
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>PRESIDENT</b>				
STREET ADDRESS	<b>KLEIMAN, LEO</b>				
CITY-ST-ZIP	<b>7440 ASHMONT CIRCLE</b>				
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>TAMARAC, FL 33321</b>				
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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.					
<b>SIGNATURE:</b> 		(NOTE: Registered Agent signature required when reinstating)		DATE <b>6/28/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # <b>954 739-1600</b>	