


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2006 8:00 am**  
**Secretary of State**

06-09-2006 90003 016 \*\*\*\*61.25

<b>DOCUMENT # N01340</b> 1. Entity Name ASHMONT CONDOMINIUM A ASSOCIATION, INC.					
Principal Place of Business MWI - BROWARD INC. 4373 ROCK ISLAND ROAD LAUDERHILL, FL 33319 US			Mailing Address MWI - BROWARD INC. 4373 ROCK ISLAND RD. LAUDERHILL, FL 33319 US		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2482375	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  SCHWARTZ, SOPHIE C/O MINI CAMPBELL 4373 ROCK ISLAND ROAD LAUDERHILL, FL 33319			7. Name and Address of New Registered Agent Name CRITTENBERGER, KELLY Street Address (P.O. Box Number is Not Acceptable)  4373 ROCK ISLAND ROAD City LAUDERHILL FL Zip Code 33319		
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 <u>Kelly Crittenberger</u> DATE <u>6/1/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fees \$61.25 Due by September 6, 2006		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 KOLODNER, SYLVIA 7126 ASHMONT CIRCLE TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHWARTZ, SOPHIE 7116 ASHMONT CIRCLE TAMARAC, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDSTEIN, MAX 7120 ASHMONT CIRCLE TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KADIN, SEYMOUR 7118 ASHMONT CIRCLE TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D HERMAN GORELICK 7134 ASHMONT CIRCLE TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHARFMAN, MARVIN 7132 ASHMONT CIRCLE TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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>Sylvia Kolodner - SYLVIA KOLODNER</u> DATE <u>6/6/06</u> DAYTIME PHONE # <u>(954) 721-2029</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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