2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N01340

Entity Name: ASHMONT CONDOMINIUM A ASSOCIATION, INC.

Current Principal Place of Business:

MWI - BROWARD INC.
4373 ROCK ISLAND ROAD
LAUDERHILL, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

MWI - BROWARD INC.
4373 ROCK ISLAND RD.
LAUDERHILL, FL 33319 US

New Mailing Address:

FEI Number: 59-2482375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROTTEMNERGER, KELLY
4373 ROCK ISLAND ROAD
FORT LAUDERDALE, FL 33319 US

Name and Address of New Registered Agent:

CRITTENBERGER, KELLY
4373 ROCK ISLAND ROAD
FORT LAUDERDALE, FL 33319 US

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: KELLY CRITTENBERGER 04/09/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: KOLODNER, SYLVIA
Address: 7126 ASHMONT CIRCLE
City-St-Zip: TAMARAC, FL 33321

Title: SD ( ) Delete
Name: SCHWARTZ, SOPHIE
Address: 7116 ASHMONT CIRCLE
City-St-Zip: TAMARAC, FL

Title: D ( ) Delete
Name: CONTRERA, LUCILLE
Address: 7128 ASHMONT CIR
City-St-Zip: TAMARAC, FL 33321

Title: P ( ) Delete
Name: SCHARFMAN, MARVIN
Address: 7132 ASHMONT CIR
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: T ( ) Delete
Name: GOLDSTEIN, MAX
Address: 7120 ASHMONT CIRCLE
City-St-Zip: TAMARAC, 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: T (X) Change ( ) Addition
Name: BLINDER, MAX
Address: 7146 ASHMONT CIRCLE
City-St-Zip: TAMARAC, FL 33321

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: KELLY CRITTENBERGER RA 04/09/2009
Electronic Signature of Signing Officer or Director Date