

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03207 (0)

1. Corporation Name

WOODMONT COUNTRY CLUB, INC.

Principal Place of Business

7801 N.W. 80TH AVENUE
TAMARAC FL 33321

Mailing Address

7801 N.W. 80TH AVENUE
TAMARAC FL 33321



3. Date Incorporated or Qualified
05/18/1984

3a. Date of Last Report
06/14/1995

4. FEI Number
59-2452076

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

WATKINS, MARY R.
7801 N.W. 80TH AVENUE
TAMARAC FL 33321

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MOREY, UDINE ☐ DELETE
STREET ADDRESS 7801 BANYAN TERRACE
CITY-STATE-ZIP TAMARAC FL

11 TITLE 2nd VP ☐ Change ☒ Addition
12 NAME Irving Rothman
13 STREET ADDRESS 7862 Beechfern Circle
14 CITY-STATE-ZIP Tamarac, FL 33321

TITLE VP-1st
NAME AXMAN, SOL ☐ DELETE
STREET ADDRESS 8192 PINE CIRCLE
CITY-STATE-ZIP TAMARAC FL

21 TITLE
22 NAME Treas Paul Schorr ☐ Change ☒ Addition
23 STREET ADDRESS 7043 Golf Pointe Circle
24 CITY-STATE-ZIP Tamarac, FL 33321

TITLE SD
NAME HOTALING, EILEEN ☐ DELETE
STREET ADDRESS 8601 N.W. 83RD STREET
CITY-STATE-ZIP TAMARAC FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE TD
NAME LAUFER, JERRY ☒ DELETE
STREET ADDRESS 7341 LARESERVE CIRCLE
CITY-STATE-ZIP TAMARAC FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE S
NAME HERSHMAN, NELSON ☒ DELETE
STREET ADDRESS 8205 CASSIA COURT
CITY-STATE-ZIP TAMARAC FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: EILEEN HOTALING SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)