

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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**

FILED
Sep 03 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/18/1984	3a. Date of Last Report 03/20/1996
4. FEI Number 59-2452076	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 title 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 MOREY, UDINE 7801 BANYAN TERRACE TAMARAC FL	1.1 TITLE	President - Director
NAME		1.2 NAME	Irving Rothman
STREET ADDRESS		1.3 STREET ADDRESS	7862 Beechfern Circle
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Tamarac, FL 33321
TITLE	1VP AXMAN, SOL 8192 PINE CIRCLE TAMARAC FL	2.1 TITLE	1 VP - Director
NAME		2.2 NAME	Paul Harris
STREET ADDRESS		2.3 STREET ADDRESS	7304 Corkwood Terrace
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tamarac, FL 33321
TITLE	SD HOTALING, EILEEN 8801 N.W. 83RD STREET TAMARAC FL	3.1 TITLE	SD - Director
NAME		3.2 NAME	Jerry Sloane
STREET ADDRESS		3.3 STREET ADDRESS	2699 N.W. 79th Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tamarac, FL 33321
TITLE	2VP ROTHMAN, IRVING 7862 BEECHFERN CIR TAMARAC FL 33321	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T SCHORR, PAUL 7043 GOLF POINTE CIR TAMARAC FL 33321	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE REQUIRED

CR2E037 (4/97)