

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2007 8:00 am**  
**Secretary of State**

05-23-2007 90027 002 \*\*\*\*61.25

**DOCUMENT # N03453**

1. Entity Name  
**ASHMONT CONDOMINIUM B ASSOCIATION, INC.**



Principal Place of Business  
**MW BROWARD INC.**  
**4373 ROCK ISLAND RD**  
**LAUDERHILL, FL 33319 US**

Mailing Address  
**MW BROWARD INC.**  
**4373 ROCK ISLAND RD**  
**KAUDERHILL, FL 33319 US**

40118049



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05072007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2482368**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CRITTENBERGER, KELLY**  
**4373 ROCK ISLAND RD**  
**FORT LAUDERDALE, FL 33319**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete  
NAME ROSE, NORMAN  
STREET ADDRESS 7160 ASHMONT CIRCLE  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE PD ☐ Delete  
NAME EISNER, BERNIE  
STREET ADDRESS 7170 ASHMONT CIRCLE  
CITY-ST-ZIP TAMARAC, FL

TITLE TSD ☐ Delete  
NAME GOLDSTEIN, ABRAHAM  
STREET ADDRESS 7170 ASHMONT CIRCLE  
CITY-ST-ZIP TAMARAC, FL

TITLE VP ☐ Delete  
NAME RIZZO, ALFRED  
STREET ADDRESS 7162 ASHMONT CIRCLE  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **TREASURER**  
STREET ADDRESS **RIZZO, JEAN**  
CITY-ST-ZIP **7162 ASHMONT CIRCLE**  
**TAMARAC - FL 33321**

TITLE ☐ Change ☐ 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #