2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03453

FILED Apr 09, 2009 Secretary of State

Entity Name: ASHMONT CONDOMINIUM B ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: MWI BROWARD INC. 4373 ROCK ISLAND RD LAUDERHILL, FL 33319 US **New Mailing Address: Current Mailing Address:** MWI BROWARD INC 4373 ROCK ISLAND RD KAUDERHILL, FL 33319 US FEI Number: 59-2482368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRITTENBERGER, KELLY 4373 ROCK ISLAND RD 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete ROSE, NORMAN YATOOMA, DOLORES Name: Name: 7160 ASHMONT CIR Address: 7154 ASHMONT CIR Address: City-St-Zip: FORT LAUDERDALE, FL 33321 City-St-Zip: FORT LAUDERDALE, FL 33321 Title: PD () Delete Title: (X) Change () Addition EISNER, BERNIE Name: WEINHAUS, ROBERTA Name: Address: 7170 ASHMONT CIRCLE Address: 7170 ASHMONT CIRCLE City-St-Zip: TAMARAC, FL City-St-Zip: TAMARAC, FL Title: () Delete Title: () Change () Addition GOLDSTEIN, ABRAHAM Name: Name: 7170 ASHMONT CIR Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33321 City-St-Zip: Title: VΡ () Delete Title: (X) Change () Addition Name: RIZZO, ALFRED Name: RIZZO, ALFRED 7162 ASHMONT CIRCLE Address: Address: 7162 ASHMONT CIRCLE City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 Title: () Delete Title: () Change () Addition RIZZO, JEAN Name: Name: 7162 ASHMONT CIRCLE Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip:

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