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Feb 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06126 (9)

1. Corporation Name

ASHMONT CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business

Mailing Address

MWI BROWARD INC.
3500 GATEWAY DR #202
POMPANO BEACH FL 33069MWI BROWARD INC.
3500 GATEWAY DR #202
POMPANO BEACH FL 33069-48703. Date Incorporated or Qualified
11/13/19843a. Date of Last Report
02/06/1996

2. Principal Place of Business

21 4373 ROCK ISLAND RD.

Suite, Apt. #, etc.

22

City & State

23 LAUDERHILL FL

Zip

24 33319

Country

25 US

2a. Mailing Address

26 4373 ROCK ISLAND RD.

Suite, Apt. #, etc.

27

City & State

28 LAUDERHILL, FL

Zip

29 33319

Country

30 US

4. FEI Number

59-2391462

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLUEHR, CHRISTOPHER
3500 GATEWAY DRIVE 202
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name

SAME

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

4373 ROCK ISLAND ROAD

83

84 City

LAUDERHILL

FL

85 Zip Code

33319

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 617.0508, Florida Statutes.

SIGNATURE

Christopher J. Fluehr

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

1/6/97

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETENAME PERLMAN, HELEN
STREET ADDRESS 7855 ASHMONTE CIRCLE
CITY-ST-ZIP TAMARAC FLTITLE TD ☐ DELETENAME KURTZMAN, MARVIN
STREET ADDRESS 7801 ASHMONTE CIRCLE
CITY-ST-ZIP TAMARAC FLTITLE VD ☐ DELETENAME FELDMAN, MORRIS
STREET ADDRESS 7827 ASHMONTE CIRCLE
CITY-ST-ZIP TAMARAC FLTITLE PD ☐ DELETENAME FLAUMENBAUM, RUBIN
STREET ADDRESS 7883 ASHMONTE CIRCLE
CITY-ST-ZIP TAMARAC FLTITLE VD ☒ DELETENAME STEIN, MOLIE
STREET ADDRESS 7849 ASHMONTE CIRCLE
CITY-ST-ZIP TAMARAC FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☐ Change ☒ Addition1.2 NAME MENDEL, JEROME
1.3 STREET ADDRESS 7835 ASHMONTE CIRCLE
1.4 CITY-ST-ZIP TAMARAC, FL 333212.1 TITLE TREAS. ☐ Change ☐ Addition2.2 NAME MARVIN KURTZMAN
2.3 STREET ADDRESS 7801 ASHMONTE CIRCLE
2.4 CITY-ST-ZIP TAMARAC, FL 333213.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
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:

Rubin Flaumenbaum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/1997

Date

Daytime Phone # 0026879

CR2E037 (9/96)