2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: .

Jul 01, 2005 8:00 am **Secretary of State** DOCUMENT # N06126 04-25-2005 90218 007 ****61.25 ASHMONT CONDOMINIUM I ASSOCIATION, INC. Principal Place of Business Mailing Address MWI BROWARD INC. 4373 ROCK ISLAND RD LAUDERHILL FL 33319 MWI BROWARD INC. 4373 ROCK ISLAND RD LAUDERHILL FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 19t MOORE CR2E037 (10/04) City & State Applied For City & State 4. FEI Number 59-2391462 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERLMAN, HELEN C/O MINI CAMPBELL 4373 ROCK ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) LAUDERHILL FL 33319 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. HELEN PERLMAN SIGNATURE Section 1 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Defete TITLE Change ☐ Addition SD PERLMAN, HELEN NAME NAME PERLMAN, HELEN 7855 ASHMONT CIRCLE STREET ADDRESS STREET ADDRESS 7855 Ashmont Circle TAMARAC FL TAMARAC CITY-ST-ZIP CITY-ST-ZIP DILE Delete TITLE ☐ Change Addition KURTZMAN, MARVIN NAME NAME 7801 ASHMONT CIRCLE STREET ADORESS STREET ADDRESS TAMARAÇ FL CITY-S1-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition FLAUMENBAUM, RUBIN NAME FLAUMENBAUM, RUBIN 7863 Ashmont Circle MAME 7863 ASHMONT CIRCLE STREET ADDRESS STREET ADDRESS TAMARAC FL C11Y-S1-7/P CITY-SI-ZIP 1.33321 TITLE TITLE ☐ Delete ☐ Change WILLIAMS, GLORIA L NAME NAME WILLIAMS, GLORIA L. 7821 ASHMONT CIRCLE STREET ADDRESS STREET ADDRESS 7821 Ashmont Circle-TAMARAC FORT LAUDERDALE FL 33321 CITY-ST-ZIP CITY-S1-ZIP F1. 3332/ TITLE TITLE VICE PRESIDENT ☐ Deleta Change Addition FISCHLER, CONRAD NAME NAME FISCHLER, CONRAD 7857 Ashmont Circle-TAMARAC 7857 ASHMONT CIRCLE STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 CITY-51-71P CITY-51-71P F1.33321 DIRECTOR TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME JAMES, COPELAND STREET ADDRESS STREET ADORESS 7805 AshmontCircle CITY-51-ZIP CITY-ST- ZIP TAMARAC 12. Thereby 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 report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

PERLMAN

FILED