2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 01, 2008 8:00 am Secretary of State

DOCUMENT # N06126 1. Entity Name ASHMONT CONDOMINIUM I ASSOCIATION, INC.								04-01-2008	3 90005	035 ****	51.25	
Principal Plac MWI BROWA 4373 ROCK LAUDERHILL	ISLAND RD	ailing Address AWI BROWARD INC. 1373 ROCK ISLAND RD AUDERHILL, FL 33319 US			400561	41 2 - 112 12 14 14 1		rii siaii aren ar	 			
2. Principal Place of Business - No P.O. Box # 3. Mail			Mailing Address									
Suite, Apt. #, etc. St			Suite, Apt. #, etc.				01312008	Chg-NP	CR2E0	37 (12/06)		
City & State			City & State				4. FEI Number 59-23914	162		<u> </u>	oplied For	
Zip	Country		Zip		Country		5. Certificate of	Status Desired		\$8.75 Add	ditional	
	6. Name and Address of Cur	rent Registere	d Agent		Τ		7. Name and A	ddress of New R	egistered /			
					7. Name and Address of New Registered Agent Name							
CRITTENBERĞER, KELLY 4373 ROCK ISLAND ROAD					Street A	Street Address (P.O. Box Number is Not Acceptable)						
FORTLAL	JDERDALE, FL 33317										· ·	
					City	City FL Zip Code						
8. The above the obligat SIGNATURE	named entity submits this stateme ions of registered agent.	nt for the purp	ose of changing its	registere	ed office o	r registeri	ed agent, or both,	in the State of Ro	orida. Iam 1	familiar with,	and accept	
	Signature, typed or printed name of registered	agent and title if app	icable. (NOTE	: Registered	d Agent signa	ture required	when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		ida Depan	payable t			
10.	OFFICERS AND	DIRECTORS		11.		A	DDITIONS/CHAN	GES TO OFFICER				
TITLE	VP		☐ Detete	TITLE		V.P					10	
NAME	FLANBERG, RUBIN									Del Channe		
STREET ADORESS				NAME	E			EN BAU	м	Change	Addition	
CITY-ST-ZIP						RUB	N FLAM			Change		
TITLE	I FORT LAUDERDALE. FL 33	321		STREE	ET ADDRESS	286	IN FLAM 3 ABHH	ONT CIP	CLE	Change		
	FORT LAUDERDALE, FL 33	321	□ Balas	STREE CITY-	ET ADDRESS -ST-ZIP	286	N FLAM	ONT CIP	CLE		Addition	
	Р	321	☐ Delete	STREE CITY- TITLE	ET ADDRESS -ST-ZIP	286	IN FLAM 3 ABHH	ONT CIP	CLE	Change		
NAME	P CONRAD, FISCHLER	321	☐ Delete	STREE CITY- TITLE NAME	ET ADORESS -ST-ZIP	286	IN FLAM 3 ABHH	ONT CIP	CLE		Addition	
NAME STREET ADDRESS	P CONRAD, FISCHLER 7857 ASHMONT CIRCLE	321	☐ Delete	STREE CITY- TITLE NAME STREE	ET ADDRESS -S1-ZIP E ET ADDRESS	286	IN FLAM 3 ABHH	ONT CIP	CLE		Addition	
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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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Description Description

Daytime Phone #