


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

06-12-2006 90006 002 \*\*\*\*61.25

<b>DOCUMENT # N07136</b> 1. Entity Name <b>ASHMONT CONDOMINIUM H ASSOCIATION, INC.</b>					
Principal Place of Business <b>MWI BROWARD INC.</b> <b>4373 ROCK ISLAND RD</b> <b>LAUDERHILL, FL 33319 US</b>			Mailing Address <b>MWI BROWARD INC.</b> <b>4373 ROCK ISLAND RD</b> <b>LAUDERHILL, FL 33319 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CRITTENBERGER, KELLY</b> <b>4373 ROCK ISLAND ROAD</b> <b>LAUDERHILL, FL 33319</b>				Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>Kelly Crittenberger</i></u> <span style="float: right;">6/1/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ULLMAN, ARLINE</b> <b>7624 ASHMONT CIRCLE</b> <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>DUBIN, HILDA</b> <b>7632 ASHMONT CIRCLE</b> <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEINTRAUB, RUTH</b> <b>7654 ASHMONT CIRCLE</b> <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>NATHAN, ELEANOR</b> <b>7606 ASHMONT CIRCLE</b> <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SILVER, MEL</b> <b>7602 ASHMONT CIRCLE</b> <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Eleanor Nathan Pres</i></u> <span style="float: right;">6-6-06 954-126-9838</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					