

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90098 008 \*\*\*\*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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2484584</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ULLMAN, ARLINE</b>		NAME		
STREET ADDRESS	<b>7624 ASHMONTE CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DUBIN, HILDA</b>		NAME	<b>VICE PRESIDENT</b>	
STREET ADDRESS	<b>7632 ASHMONTE CIRCLE</b>		STREET ADDRESS	<b>HILDA, DUBIN</b>	
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>		CITY-ST-ZIP	<b>7632 ASHMONTE CIRCLE</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEINTRAUB, RUTH</b>		NAME	<b>TREASURER</b>	
STREET ADDRESS	<b>7654 ASHMONTE CIRCLE</b>		STREET ADDRESS	<b>RUTH, WEINTRAUB</b>	
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>		CITY-ST-ZIP	<b>7654 ASHMONTE CIRCLE</b>	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NATHAN, ELEANOR</b>		NAME	<b>TREASURER</b>	
STREET ADDRESS	<b>7606 ASHMONTE CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SILVER, MEL</b>		NAME		
STREET ADDRESS	<b>7602 ASHMONTE CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Eleanor Nathan, Pres.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>5-10-07</u> Daytime Phone #: <u>954-726-9838</u>		

40113472



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*delete deceased*