2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 29, 2008 8:00 am Secretary of State

02-29-2008 90013 034 ****61 24

1. Entity Name ASHMONT CONDOMINIUM H ASSOCIATION, INC.						02-29-200	08 90013 034 ****	*61.25	
MWI BROWARD INC. 4373 ROCK ISLAND RD		4373 ROCK ISL	Mailing Address MWI BROWARD INC. 4373 ROCK ISLAND RD LAUDERHILL, FL 33319 US		40035		R DITU DIRKE CIRK DIDIN DITIE DI		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01312008 C	hg-NP	CR2E037 (12/06)			
City & State		City & State		4. FEI Number 59-248458	34		oplied For ot Applicable		
Zip	Country	Zip	Cou	antry	5. Certificate of S		See Require		
	6. Name and Address of Currer		Name	7. Name and Add	dress of New R	legistered Agent			
4373 ROC	BERGER, KELLY K ISLAND ROAD ILL, FL 33319				Street Address (P.O. Box Number is Not Acceptable)				
CAODEMI	ILL, I C 33319			City			7:- 0:-		
The above named entity submits this statement for the purpose of change			ning its registers	City	stered agent or both in	the State of Flo	FL Zip Cod		
	ions of registered agent.	ioi the parpose of chart	girig ita registere	ad Office Of Fegic	stered agent, or both, it	THE SIGIE OF TH	, .	and accept	
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registere	d Agent signature requ	ired when reinstating)		DATE		
Filing Fee Is \$61.25 9. Election Campaign Financing					\$5.00 May Be	STATEM	ake check payable t		
Due by May 1, 2008			Fund Contributi	ion.	Added to Fees	Flor	ida Department of S	até	
10.	OFFICERS AND D	Dele	11.	:	ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRECTORS IN	10 Addition	
NAME	ULLMAN, ARLINE	_ bu	NAMI						
STREET ADDRESS CITY-ST-ZIP	7624 ASHMONT CIRCLE TAMARAC, FL 33321			ET ADORESS - ST - ZIP				İ	
MTE	V	☐ Dele	e inte	•			☐ Change	Addition	
NAME STREET ADDRESS	DUBIN, HILDA		NAM	r 1					
CITY-ST-ZIP	L7632 ASHMONT CIRCLE			1					
Gitt-St- ar	7632 ASHMONT CIRCLE TAMARAC, FL 33321		STRE	ET ADDRESS - ST - ZIP					
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	TAMARAC, FL 33321 PD NATHAN, ELEANOR	☐ Dele	STRE CITY- e TITLE NAME	ET ADDRESS -ST-ZIP			☐ Change	☐ Addition	
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2. 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 eath; that I am an oldicer 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OFFICER OF DIRECTOR

2-8-08

954.726-98

Date

Daytine Phone #