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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR 30 AM 10:41

DOCUMENT # N07137 (5)

1. Corporation Name

ASHMONT CONDOMINIUM E ASSOCIATION, INC.

Principal Place of Business	Mailing Address
MWI BROWARD, INC. 3500 GATEWAY DR. POMPANO BCH. FL 33069	MWI BROWARD, INC. 3500 GATEWAY DR. POMPANO BCH. FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1985
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2484582 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

FLUEHR, CHISTOPHER J
2500 GATEWAY DR #202
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name: ROCKOFF, STELLA
82 Street Address (P.O. Box Number is Not Acceptable): 7438 ASHMONT CIRCLE
83
84 City: TAMARAC FL 85 Zip Code: 33321

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Stella Rockoff, Sr.
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	(PD)	☐ Change ☐ Addition
NAME	STEINBERG, CHARLES	12 NAME	STEINBERG, CHARLES	
STREET ADDRESS	7456 ASHMONT CIRCLE	13 STREET ADDRESS	7456 ASHMONT CIRCLE	
CITY-ST-ZIP	TAMARAC FL	14 CITY-ST-ZIP	TAMARAC, FL	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	BARITZ, GEORGE	22 NAME		
STREET ADDRESS	7412 ASHMONT CIRCLE	23 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	(VD)	☐ Change ☑ Addition
NAME	J. STEPHEN PETERS	32 NAME	FARLEY, JOHN	
STREET ADDRESS	7454 ASHMONT CIRCLE	33 STREET ADDRESS	7400 ASHMONT CIRCLE	
CITY-ST-ZIP	TAMARAC FL	34 CITY-ST-ZIP	TAMARAC, FL	
TITLE	SD	41 TITLE	(SD)	☐ Change ☑ Addition
NAME	KLEIN, STELLA	42 NAME	ROCKOFF, STELLA	
STREET ADDRESS	7434 ASHMONT CIRCLE	43 STREET ADDRESS	7438 ASHMONT CIRCLE	
CITY-ST-ZIP	TAMARAC FL	44 CITY-ST-ZIP	TAMARAC, FL	
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	KLEIMAN, LEO	52 NAME		
STREET ADDRESS	7440 ASHMONT CIRCLE	53 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Leo Kleiman Treas. 3/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008943