

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07137 (5)

1. Corporation Name

ASHMONT CONDOMINIUM E ASSOCIATION, INC.



Principal Place of Business

Mailing Address

MWI BROWARD, INC.
3500 GATEWAY DR.
POMPANO BEACH, FL 33069MWI BROWARD, INC.
3500 GATEWAY DR.
POMPANO BEACH, FL 33069-48703. Date Incorporated or Qualified
01/16/19853a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 4373 ROCK ISLAND ROAD

26 4373 ROCK ISLAND RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 LAUDERHILL, FL.

28 LAUDERHILL, FL.

Zip

Country

Zip

Country

24 33319

25

US

29 33319

30

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLUEHR, CHRISTOPHER J
3500 GATEWAY DRIVE
#202
POMPANO BEACH FL 33069

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

4373 ROCK ISLAND ROAD

83

84 City

LAUDERHILL

FL

85 Zip Code

33319

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Christopher J. Fluehr

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STEINBERG, CHARLES	
STREET ADDRESS	7456 ASHMONT CIRCLE	
CITY-ST-ZIP	TAMARAC FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARITZ, GEORGE	
STREET ADDRESS	7412 ASHMONT CIRCLE	
CITY-ST-ZIP	TAMARAC FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FARLEY, JOHN	
STREET ADDRESS	7400 ASHMONT CIRCLE	
CITY-ST-ZIP	TAMARAC FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROCKOFF, STELLA	
STREET ADDRESS	7438 ASHMONT CIRCLE	
CITY-ST-ZIP	TAMARAC FL	

TITLE	JD	<input type="checkbox"/> DELETE
NAME	KLEIMAN, LEO	
STREET ADDRESS	7440 ASHMONT CIRCLE	
CITY-ST-ZIP	TAMARAC FL	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STEINBERG, CHARLES	
STREET ADDRESS	7456 ASHMONT CIRCLE	
CITY-ST-ZIP	TAMARAC FL 33321	

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ZIONITZ, LEE	
1.3 STREET ADDRESS	7468 ASHMONT CIRCLE	
1.4 CITY-ST-ZIP	TAMARAC, FL.	

2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/12/97 (954) 726-4023

Daytime Phone # 0028673

CP2E037 (9/96)