



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-14-2007 90091 009 ****61.25

DOCUMENT # N07137 1. Entity Name ASHMONT CONDOMINIUM E ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business MWI BROWARD, INC. 4373 ROCK ISLAND RD LAUDER HILL, FL 33319 US			Mailing Address MWI BROWARD, INC. 4373 ROCK ISLAND RD LAUDERHILL, FL 33319 US																																																																																																																																																		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		<div style="font-size: 24pt; transform: rotate(-15deg);">40112792</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 05072007 Chg-NP CR2E037 (12/06) </div>																																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																			
City & State		City & State																																																																																																																																																			
Zip	Country	Zip	Country																																																																																																																																																		
4. FEI Number 59-2484582				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent CRITTENBERGER, KELLY 4373 ROCK ISLAND ROAD LAUDERHILL, FL 33319				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																																																																																																					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																	
Make check payable to Florida Department of State																																																																																																																																																					
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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 reports 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 and all other lines emphasized.																																																																																																																																																					
SIGNATURE: _____ Date: 5-11-07 Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																					