

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90288 019 \*\*\*\*\*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**

**90066532**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2484582**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STEINBERG, CHARLES  
C/O MWI/CAMPBELL  
4373 ROCK ISLAND ROAD  
LAUDERHILL FL 33319**

7. Name and Address of New Registered Agent

Name **CRITTENBERGER, KELLY**

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

**4373 ROCK ISLAND ROAD**

City **LAUDERHILL**

**FL**

Zip Code **33319**

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

*Kelly Crittenberger*

**3/24/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete  
NAME **ZIONTZ, LEE**  
STREET ADDRESS **7468 ASHMONT CIR**  
CITY-ST-ZIP **TAMARAC FL**

TITLE **SD** ☒ Delete  
NAME **STEINBERG, CHARLES**  
STREET ADDRESS **7456 ASHMONT CIRCLE**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **VD** ☐ Delete  
NAME **FARLEY, JOHN**  
STREET ADDRESS **7400 ASHMONT CIRCLE**  
CITY-ST-ZIP **TAMARAC FL**

TITLE **VD** ☐ Delete  
NAME **ROCKOFF, STELLA**  
STREET ADDRESS **7438 ASHMONT CIRCLE**  
CITY-ST-ZIP **TAMARAC FL**

TITLE **PD** ☐ Delete  
NAME **KLEIMAN, LEO**  
STREET ADDRESS **7440 ASHMONT CIRCLE**  
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition  
NAME **WEISS, REGINALD**  
STREET ADDRESS **7460 ASHMONT CIRCLE**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition  
NAME **LOEFFLER, ARTHUR**  
STREET ADDRESS **7436 ASHMONT CIRCLE**  
CITY-ST-ZIP **TAMARAC, FL 33321**

12. I 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 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:

*Signature of LEO KLEIMAN*

**3/28/03 854-726-6266**

CR2E037 (10/02)