

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08217

FILED
Apr 09, 2009
Secretary of State

Entity Name: ASHMONT CONDOMINIUM F ASSOCIATION, INC.

Current Principal Place of Business:

NWI BROWARD INC.
4373 ROCK ISLAND RD
LAUDERHILL, FL 33319 US

New Principal Place of Business:

MWI BROWARD INC.
4373 ROCK ISLAND RD
LAUDERHILL, FL 33319 US

Current Mailing Address:

NWI BROWARD INC.
4373 ROCK ISLAND RD
LAUDERHILL, FL 33319 US

New Mailing Address:

MWI BROWARD INC.
4373 ROCK ISLAND RD
LAUDERHILL, FL 33319 US

FEI Number: 59-2537200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRITTENBERGER, KELLY
4373 ROCK ISLAND RD
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBINSON, MARILYN
Address: 7743 ASHMONT CIRCLE
City-St-Zip: TAMARAC, FL 33321

Title: V () Delete
Name: PERLMAN, HELEN
Address: 7755 ASHMONT CIRCLE
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: ROSENBERG, CAROLYN
Address: 7737 ASHMONT CIRCLE
City-St-Zip: TAMARAC, FL 33321

Title: SD () Delete
Name: CLARK, SHIRLEY
Address: 7725 ASHMONT CIRCLE
City-St-Zip: TAMARAC, FL 33321

Title: T () Delete
Name: MALLIS, ANNA
Address: 7701 ASHMONT CIRCLE
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Delete
Name: OLGA, RENALDO
Address: 7753 ASHMONT CIRCLE
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: PERLMAN, HELEN
Address: 7755 ASHMONT CIRCLE
City-St-Zip: TAMARAC, FL 33321

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CARTER, SHIRLEY
Address: 7725 ASHMONT CIRCLE
City-St-Zip: TAMARAC, FL 33321

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY CRITTENEHRGER

RA

04/09/2009

Electronic Signature of Signing Officer or Director

Date