

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2007 8:00 am**  
**Secretary of State**

07-19-2007 90024 017 \*\*\*\*61.25

**DOCUMENT # N10706**

1. Entity Name  
**WATERFORD AT WOODMONT HOMEOWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**8211 W BROWARD BLVD.  
SUITE PH 1  
PLANTATION, FL 33321**

Mailing Address  
**8211 W BROWARD BLVD.  
SUITE PH 1  
PLANTATION, FL 33321**

2. Principal Place of Business - No P.O. Box #  
**8377 WATERFORD CIRCLE**

3. Mailing Address  
**8377 WATERFORD CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**TAMARAC, FL**

City & State  
**TAMARAC, FL**

Zip  
**33321**

Country  
**USA**

Zip  
**33321**

Country  
**USA**

06272007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2564214**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**IMBRIALE, DON  
8413 WATERFORD CIR.  
TAMARAC, FL 33321**

**7. Name and Address of New Registered Agent**

Name  
**GENE S. BONHAM**  
Street Address (P.O. Box Number is Not Acceptable)  
**1999 UNIVERSITY DRIVE SUITE 212**  
City  
**CORAL SPRINGS FL** Zip Code  
**33071**

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

*Gene S. Bonham*

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

(NOTE: Registered Agent signature required when reinstating)

**6/27/07**  
DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	SDTD KROLL, PATTY 8403 WATERFORD CIR. TAMARAC, FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, EILEEN 8242 WATERFORD AVE. TAMARAC, FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IMBRIALE, DON 8242 WATERFORD CIRCLE TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, <del>SHARON</del> <sup>CINDY</sup> 8449 WATERFORD CIR TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTZ, ETHEL 8421 WATERFORD CIRCLE TAMARAC, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROSENBERG, SHELDON 8242 WATERFORD CIRCLE TAMARAC, FL 33321	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 8377 WATERFORD CIRCLE TAMARAC, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:**

*Sheldon Rosenberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/13/07**  
Date

**984-720-5870**  
Daytime Phone #

ATTACHMENT  
40126084

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DOCUMENT # N10706

WATERFORD AT WOODMONT HOMEOWNERS ASSOCIATION, INC.

BOX.10

OFFICERS AND DIRECTORS

Title	TD
Name	FINK, KENNETH
Street Address	8407 WATERFORD CIRCLE
City/St/Zip	TAMARAC, FL 33321
Title	VPD
Name	AIELLO, JOHN
Street Address	8203 WATERFORD AVENUE
City/St/Zip	TAMARAC, FL 33321
Title	D
Name	RASSNER, TAYNA
Street Address	8373 WATERFORD CIRCLE
City/St/Zip	TAMARAC, FL 33321
Title	D
Name	TAFFE, CAROL
Street Address	8230 WATERFORD LANE
City/St/Zip	TAMARAC, FL 33321