

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 08, 2006 8:00 am**  
**Secretary of State**

06-08-2006 90001 030 \*\*\*\*61.25

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DOCUMENT # N11779					
1. Entity Name ASHMONT CONDOMINIUM G ASSOCIATION, INC.					
Principal Place of Business 4373 ROCK ISLAND ROAD LAUDERHILL, FL 33319 US			Mailing Address 4373 ROCK ISLAND ROAD LAUDERHILL, FL 33319 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
5. Certificate of Status Desired <input type="checkbox"/>				4. FEI Number 59-2587489 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ELLENKOFF, DORIS C/O MWI/ CAMPBELL 4373 ROCK ISLAND ROAD LAUDERHILL, FL 33319			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 <i>Kelley Crittenberger</i>				DATE 6/1/06	
Filing Fee is \$61.25 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, SILVIA			NAME	
STREET ADDRESS	7532 ASHMONT CIR			STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUBER, SIDNEY			NAME	
STREET ADDRESS	7544 ASHMONT CIR			STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEITZER, LAWRENCE			NAME	
STREET ADDRESS	7536 ASHMONT CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDMAN, FRANCES			NAME	
STREET ADDRESS	7524 ASHMONT CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALD, MYRON			NAME	
STREET ADDRESS	7520 ASHMONT CIR			STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POCKRISS, JACK			NAME	
STREET ADDRESS	7508 ASHMONT CIR			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321			CITY-ST-ZIP	
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 <i>James Schneider (Pres)</i>				DATE 6/06/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	