


FILED
Jun 21, 2007 8:00 am
Secretary of State

04-25-2007 90169 048 ****61.25

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

4/25

DOCUMENT # N13034			
1. Entity Name THE CENTRE AT WOODMONT CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business % PHOENIX MANAGEMENT SERVICES INC. 4780 N ST RD 7 # E 250 LAUDERDALE LAKES, FL 33319 US		Mailing Address % PHOENIX MANAGEMENT SERVICES INC. 4780 N ST RD 7 # E 250 LAUDERDALE LAKES, FL 33319 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0011898		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent PHOENIX MANAGEMENT 4780 N. STATE RD 7 STE E 250 LAUDERDALE LAKES, FL 33319		7. Name and Address of New Registered Agent Name CURTIS DEVELOPMENT, INC Street Address (P.O. Box Number is Not Acceptable) 8120 NW 15TH AVE City PLANTATION FL Zip Code 33322	
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 GARY B. CURTIS, President		DATE 4-20-07	
Filing Fee is \$61.25 Due by May 1, 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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD Director REINFELD, STUART		TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME REINFELD, STUART		NAME JOSEPH H SPINGARN	
STREET ADDRESS 7797 N UNIV. DR, STE 106		STREET ADDRESS 7797 N UNIVERSITY DR	
CITY-ST-ZIP TAMARAC, FL 33321		CITY-ST-ZIP TAMARAC, FL 33321	
TITLE SD POLLOCK, RICHARD <input type="checkbox"/> Delete		TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME POLLOCK, RICHARD		NAME	
STREET ADDRESS 7797 N UNIV. DR, STE 106		STREET ADDRESS	
CITY-ST-ZIP TAMARAC, FL 33321		CITY-ST-ZIP	
TITLE VPD <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STEINBERG, JANEE		NAME	
STREET ADDRESS 7777 N UNIVERSITY DR, #203		STREET ADDRESS	
CITY-ST-ZIP TAMARAC, FL		CITY-ST-ZIP	
TITLE TD <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME VAKHARIA, BHUPEN		NAME	
STREET ADDRESS 7797 N UNIVERSITY DR STE 205		STREET ADDRESS	
CITY-ST-ZIP TAMARAC, FL 33321		CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete		TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BUMGARDNER, THOMAS		NAME	
STREET ADDRESS 7707 NORTH UNIVERSITY DRIVE SUITE 103		STREET ADDRESS	
CITY-ST-ZIP TAMARAC, FL 33321		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 817, 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]		Date 4/20/07 954-336-8510	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



*No
Longer
manage.*

ATTACHMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

66019553

May 4, 2007

THE CENTRE AT WOODMONT CONDOMINIUM ASSOCIATION, INC.
% PHOENIX MANAGEMENT SERVICES INC.
4780 N ST RD 7 # E 250
LAUDERDALE LAKES, FL 33319 US

Subject: **THE CENTRE AT WOODMONT CONDOMINIUM ASSOCIATION, INC.**

Reference Number: **N13034**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/sg

ANNUAL REPORTS SECTION

