

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90183 031 ****61.25

DOCUMENT # N13034

1. Entity Name
THE CENTRE AT WOODMONT CONDOMINIUM



Curtis Development, Inc - *Curtis Development, Inc*
8255 W Sunrise Blvd, # 108
Plantation, FL 33322

60033444



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Curtis Development, Inc *Curtis Development, Inc*
8255 W Sunrise Blvd, # 108
Plantation, FL 33322

03272008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0011898 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CURTIS DEVELOPMENT INC 8255 W SUNRISE BLVD PLANTATION, FL 33322		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REINFELD, STUART			NAME			
STREET ADDRESS	7797 N UNIV. DR, STE 106			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	POLLOCK, RICHARD			NAME			
STREET ADDRESS	7797 N UNIV. DR, STE 105			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, JANE			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	S	<input type="checkbox"/> Delete		TITLE	P	<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	PD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPINGARN, JOSEPH H			NAME			
STREET ADDRESS	7797 N UNIVERSITY DR			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-08

954-242-1747