

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000076852

Entity Name: WOODMONT COUNTRY CLUB, INC.

FILED  
Jun 19, 2009  
Secretary of State

**Current Principal Place of Business:**

7801 NORTHWEST 80TH AVENUE  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

7801 NORTHWEST 80TH AVENUE  
TAMARAC, FL 33321

**New Mailing Address:**

FEI Number: 76-0757580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHMIDT, MARK L  
8320 W SUNRISE BLVD #204  
PLANTATION, FL 33322 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: PT ( ) Delete  
Name: SCHMIDT, MARK L  
Address: 8320 W SUNRISE BLVD #204  
City-St-Zip: PLANTATION, FL 33322

Title: VS ( ) Delete  
Name: JARMON, MICHAEL  
Address: 8320 W SUNRISE BLVD #204  
City-St-Zip: PLANTATION, FL 33322

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: V ( ) Change (X) Addition  
Name: SCHMIDT, MARISA  
Address: 8320 W SUNRISE BLVD #204  
City-St-Zip: PLANTATION, FL 33322

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK L. SCHMIDT

PT

06/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date