

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N22190

1. Corporation Name

CLAIRMONT CONDOMINIUM B ASSOCIATION, INC.

(5) PAID  
JAN 25 1996



Principal Place of Business

Mailing Address

10458 E. CLAIRMONT CIRCLE  
TAMARAC FL  
US

GOLDMAN & JUDA PA 1012  
7771 WEST OAKLAND PARK BLVD. STE. 201  
FT LAUDERDALE FL 33351  
US

3. Date Incorporated or Qualified

08/25/1987

3a. Date of Last Report

07/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2843207

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEITSCH, M  
10458 E CLAIRMONT CIR  
TAMARAC FL 33321

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T  
FLEDER, GLADYS  
10428 E CLAIRMONT CIRCLE  
TAMARAC FL

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

STP  
WEINBERG, ROBERT  
10442 E CLAIRMONT CIR  
TAMARAC FL

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

RC  
VENEZIA, MORRIS  
10472 E CLAIRMINT CIR  
TAMARAC FL

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

SD  
KANTER, RUTH  
10438 E. CLAIRMONT CIRCLE  
TAMARAC - FL - 33321

S  
WEISS, SALLY  
10468 E CLAIRMONT CIR  
TAMARAC FL

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TD  
DEITSCH, MICHAEL  
10458 E CLAIRMONT CIR  
TAMARAC FL

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth S. Kanter Ruth S. Kanter 1-30-96 720-9149  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)