

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22190

1. Corporation Name
CLAIRMONT CONDOMINIUM B ASSOCIATION, INC.

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business
10438 E. CLAIRMONT CIRCLE
TAMARAC FL
US

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

2/27/99 90020/DLI #1126

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	08/25/1987	59-2843207	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing ☐	\$5.00 May Be Added to Fees	
24. Country	29. Country	Trust Fund Contribution		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KANter, RUTH S 10438 E CLAIRMONT CIR TAMARAC FL 33321			
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83. City	84. Zip Code
			FL

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	KANter, RUTH	1.2 NAME	Ruth S. Kanter
STREET ADDRESS	10438 E CLAIRMONT CIR	1.3 STREET ADDRESS	10438 E. Clairmont Circle
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	Tamarac, FL 33321
TITLE	TVP	2.1 TITLE	Gladys F. Fiedler
NAME	FIEDER, GLADYS	2.2 NAME	Gladys F. Fiedler
STREET ADDRESS	10428 E CLAIRMONT CIR	2.3 STREET ADDRESS	10428 E. Clairmont Circle
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	Tamarac, FL 33321
TITLE	SD	3.1 TITLE	Sally Weiss
NAME	KANter, RUTH	3.2 NAME	Sally Weiss
STREET ADDRESS	10438 E CLAIRMONT CIRCLE	3.3 STREET ADDRESS	10468 E. Clairmont Cir
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	Tamarac, FL 33321
TITLE	D	4.1 TITLE	Anthony Wright
NAME	WEISS, SALLY	4.2 NAME	Anthony Wright
STREET ADDRESS	10468 E CLAIRMONT CIR	4.3 STREET ADDRESS	10468 E. Clairmont Cir
CITY-ST-ZIP	TAMARAC FL 33321	4.4 CITY-ST-ZIP	Tamarac, FL 33321
TITLE	D	5.1 TITLE	Ruth Gordon
NAME	WRIGHT, ANTHONY	5.2 NAME	Ruth Gordon
STREET ADDRESS	10456 E CLAIRMONT CIR	5.3 STREET ADDRESS	10456 E. Clairmont Circle
CITY-ST-ZIP	TAMARAC FL 33321	5.4 CITY-ST-ZIP	Tamarac, FL 33321
TITLE	S	6.1 TITLE	Ruth Gordon
NAME	GORDON, RUTH	6.2 NAME	Ruth Gordon
STREET ADDRESS	10450 E CLAIRMONT CIR	6.3 STREET ADDRESS	10450 E. Clairmont Circle
CITY-ST-ZIP	TAMARAC FL 33321	6.4 CITY-ST-ZIP	Tamarac, FL 33321

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Ruth S. Kanter Jan 25, 99 954-720-9149