

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 31 PM 3:19

DOCUMENT # **N23371** (0)  
1. Corporation Name  
**CLAIRMONT CONDOMINIUM E ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**C/O GOLDMAN & JUDA** **C/O GOLDMAN & JUDA**  
**7771 W. OAKLAND PARK BOULEVARD** **7771 W. OAKLAND PARK BOULEVARD**  
**FT. LAUDERDALE FL 33351** **FT. LAUDERDALE FL 33351**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/09/1987** 3a. Date of Last Report **04/19/1994**

4. FEI Number **59-2843230** Applied For  Not Applicable

5. Certificate of Status Desired  **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

**WEINER, ETTA**  
**10344 E CLAIRMONT CIR**  
**TAMARAC FL 33321**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>
NAME	<b>WEINER, ETTA</b>
STREET ADDRESS	<b>10344 E CLAIRMONT CIR</b>
CITY - ST - ZIP	<b>TAMARAC FL</b>
TITLE	<b>VD</b>
NAME	<b>BIENER, MATTY</b>
STREET ADDRESS	<b>10340 E CLAIRMONT CIRCLE</b>
CITY - ST - ZIP	<b>TAMARAC FL</b>
TITLE	<b>TD</b>
NAME	<b>MIRSKY, KEN</b>
STREET ADDRESS	<b>10362 E. CLAIRMONT CIR.</b>
CITY - ST - ZIP	<b>TAMARAC FL</b>
TITLE	<b>PD</b>
NAME	<b>WAGH, ROBERT</b>
STREET ADDRESS	<b>10324 E. CLAIRMONT CIR.</b>
CITY - ST - ZIP	<b>TAMARAC FL</b>
TITLE	<b>VD</b>
NAME	<b>LOCKSHIN, HERBERT</b>
STREET ADDRESS	<b>10356 E. CLAIRMONT CIR.</b>
CITY - ST - ZIP	<b>TAMARAC FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JACK OUMANO</b>
3.3 STREET ADDRESS	<b>10346 E. CLAIRMONT CIR</b>
3.4 CITY - ST - ZIP	<b>TAMARAC, FL - 33321</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(h), 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: *Jack Oumano* **JACK OUMANO** MARCH 8-11/1995 722-65023