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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23371 (0)**
1. Corporation Name
CLAIRMONT CONDOMINIUM E ASSOCIATION, INC.



Principal Place of Business C/O GOLDMAN & JUDA 7771 W. OAKLAND PARK BOULEVARD FT. LAUDERDALE FL 33351	Mailing Address C/O GOLDMAN & JUDA 7771 W. OAKLAND PARK BOULEVARD FT. LAUDERDALE FL 33351-6749
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3. Date Incorporated or Qualified 11/09/1987	3a. Date of Last Report 02/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2843230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 B1 Name GLORIA CLAPNER B2 Street Address (P.O. Box Number is Not Acceptable) 10302 E CLAIRMONT CIR B3 TAMARAC, FL B4 City FL B5 Zip Code 33321
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEINER, ETTA		1.2 NAME GLORIA CLAPNER	
STREET ADDRESS 10344 E CLAIRMONT CIR		1.3 STREET ADDRESS 10302 E CLAIRMONT CIR	
CITY-ST-ZIP TAMARAC FL		1.4 CITY-ST-ZIP TAMARAC, FL - 33321	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BIENER, MATTY		2.2 NAME NORMAN COOPERSMITH	
STREET ADDRESS 10340 E CLAIRMONT CIRCLE		2.3 STREET ADDRESS 10364 E. CLAIRMONT CIR.	
CITY-ST-ZIP TAMARAC FL		2.4 CITY-ST-ZIP TAMARAC, FL - 33321	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OUMANO, JACK		3.2 NAME	
STREET ADDRESS 10346 E. CLAIRMONT CIR		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMARAC FL		3.4 CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WAGH, ROBERT		4.2 NAME LOCKSHIN, HERBERT	
STREET ADDRESS 10324 E. CLAIRMONT CIR.		4.3 STREET ADDRESS 10356 E CLAIRMONT CIR	
CITY-ST-ZIP TAMARAC FL		4.4 CITY-ST-ZIP TAMARAC, FL 33321	
TITLE VD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOCKSHIN, HERBERT		5.2 NAME	
STREET ADDRESS 10356 E. CLAIRMONT CIR.		5.3 STREET ADDRESS	
CITY-ST-ZIP TAMARAC FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 provided in Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, as applicable, or on any attachment with an address.

SIGNATURE: **JACK OUMANO TREASURER** MARCH 17, 1997 - 954-722-8865

CR2E037 (9/96)