

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90040 024 ****61.25

DOCUMENT # N23371

1. Entity Name

CLAIRMONT CONDOMINIUM E ASSOCIATION, INC.

Principal Place of Business Mailing Address

please change address
 C/O GOLDMAN & JUDA
 7771 W. OAKLAND PARK BOULEVARD
 FT. LAUDERDALE FL 33351

C/O GOLDMAN & JUDA
 7771 W. OAKLAND PARK BOULEVARD
 FT. LAUDERDALE FL 33351-6749

UUU1J011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

GOLDMAN, JUDA & MARTIN, P.A.
8211 WEST BROWARD BLVD.
SUITE #PH1 - FIFTH FLOOR
PLANTATION, FL 33324

3. Mailing Address

GOLDMAN, JUDA & MARTIN, P.A.
8211 WEST BROWARD BLVD.
SUITE #PH1 - FIFTH FLOOR
PLANTATION, FL 33324

4. FEI Number

59-2843230

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAPKER, GLORIA
10302 E CLAIRMONT CIR
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	BERNSTEIN, PAUL	
STREET ADDRESS	10304 E CLAIRMONT CIR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COOPERSMITH, NORMAN	
STREET ADDRESS	10364 E CLAIRMONT CIR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LOCKSHIN, HERBERT	
STREET ADDRESS	10356 E. CLAIRMONT CIR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Herbert Lockshin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/00 954-726-0707
 Date Daytime Phone #

CR2E037 (9/99)