


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90106 013 \*\*\*\*61.25

**DOCUMENT # N23371**  
 1. Entity Name  
**CLAIRMONT CONDOMINIUM E ASSOCIATION, INC.**



Principal Place of Business  
**GOLDMAN JUDA & MARTIN, P.A.**  
**8211 WEST BROWARD BLVD, STE PH1 FIFTH FL**  
**PLANTATION, FL 33324**

Mailing Address  
**GOLDMAN JUDA & MARTIN, P.A.**  
**8211 WEST BROWARD BLVD, STE PH1 FIFTH FL**  
**PLANTATION, FL 33324**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03302005 Chg-NP CR2E037 (10/03)

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  
**CLAPNER, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2005**

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

Make check payable to **Florida 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 checked="" type="checkbox"/> Delete
NAME	LOCKSHIN, HERBERT	
STREET ADDRESS	10356 E. CLAIRMONT CIR.	
CITY-ST-ZIP	TAMARAC, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KIRSHNER, EDITH	
STREET ADDRESS	10366 CLAIRMONT CIR	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPERSMITH, NORMAN	
STREET ADDRESS	10364 E. CLAIRMONT CIRCLE	
CITY-ST-ZIP	TAMARAC, FL	
TITLE	SB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAPNER, GLORIA	
STREET ADDRESS	10302 E. CLAIRMONT CIRCLE	
CITY-ST-ZIP	TAMARAC, FL	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAGH, ROBERT	
STREET ADDRESS	10324 E. CLAIRMONT CIRCLE	
CITY-ST-ZIP	TAMARAC, FL	
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: Norman Coopersmith Date: 4-05-05 Daytime Phone #: 954-577-9700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NORMAN COOPERSMITH, PRES.**