


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90080 032 \*\*\*\*61.25

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<b>DOCUMENT # N23371</b>					
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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2843230	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CLAPNER, GLORIA 10302 E CLAIRMONT CIR TAMARAC, FL 33321				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		<i>Gloria Clapner, Secretary</i>		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERNSTEIN, PAUL		NAME		
STREET ADDRESS	10304 E CLAIRMONT CIR		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
P	<input checked="" type="checkbox"/> Delete				
NAME	COOPERSMITH, NORMAN		NAME		
STREET ADDRESS	10364 E CLAIRMONT CIR		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP		
S	<input type="checkbox"/> Delete				
NAME	CLAPNER, GLORIA		NAME		
STREET ADDRESS	10302 E CLAIRMONT CIR		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP		
VP	<input type="checkbox"/> Delete				
NAME	MARKS, ELAINE		NAME		
STREET ADDRESS	10320 E. CLAIRMONT CIR		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP		
VP	<input type="checkbox"/> Delete				
NAME	SCHOOR, GERT		NAME		
STREET ADDRESS	10318 E. CLAIRMONT CIR		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP		
P	<input type="checkbox"/> Delete				
NAME	NORMAN WEIDER		NAME		
STREET ADDRESS	10364 E. CLAIRMONT CIR		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i>			Date: 1/24/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Device Phone #		