



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N23371 1. Entity Name CLAIRMONT CONDOMINIUM E ASSOCIATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2843230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

**CLAPNER, GLORIA
10302 E CLAIRMONT CIR
TAMARAC, FL 33321**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNSTEIN, PAUL 10304 E CLAIRMONT CIR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLAPNER, GLORIA 10302 E CLAIRMONT CIR TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARKS, ELAINE 10320 E. CLAIRMONT CIR TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHOOR, GERT 10318 E. CLAIRMONT CIR TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/08/08-80015-017 61.25

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: Gloria Clapner 1/27/08 954-726-7451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #