

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90051 002 ****61.25

DOCUMENT # N23371

1. Entity Name

CLAIRMONT CONDOMINIUM E ASSOCIATION, INC.



60007849



CHECK HERE IF MAKING CHANGES

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

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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
T BERNSTEIN, PAUL	10304 E CLAIRMONT CIR TAMARAC FL 33321		
PD COOPERSMITH, NORMAN	10364 E CLAIRMONT CIR TAMARAC FL		
PD LOCKSHIN, HERBERT	10356 E CLAIRMONT CIR TAMARAC FL	VD KIRSHNER, EDITH	10366 CLAIRMONT CIR TAMARA FL 33321
VD WAGH, ROBERT	10324 E CLAIRMONT CIRCLE TAMARAC FL		

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 information.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

CR2E037 (10/02)