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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N24680** **(3)**

1. Corporation Name

CLAIRMONT CONDOMINIUM C ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O GOLDMAN & JUDA PA 7771 W OAKLAND PARK BLVD. STE 201 FT. LAUDERDALE FL 33351	C/O GOLDMAN & JUDA PA 7771 W OAKLAND PARK BLVD. STE 201 FT. LAUDERDALE FL 33351-6787

3. Date Incorporated or Qualified: **02/04/1988**
3a. Date of Last Report: **02/01/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: **65-0021721** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOROWITZ, ARTHUR
10547 E. CLAIRMONT CIRCLE
TAMARAC FL 33321

MAR 07 1997

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1008, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE (Required) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAMA, MICHAEL		1.2 NAME		
STREET ADDRESS	10591 E CLAIRMONT CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROMBERG, CARL		2.2 NAME		
STREET ADDRESS	10563 E CLAIRMONT CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KAUFMAN, JULIUS		3.2 NAME		
STREET ADDRESS	10587 E CLAIRMONT CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOROWITZ, ARTHUR		4.2 NAME		
STREET ADDRESS	10547 E CLAIRMONT CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	SHUMSKER, RICHARD		5.2 NAME	ROSEN, BARBARA	
STREET ADDRESS	10575 E CLAIRMONT CIR		5.3 STREET ADDRESS	10545 E CLAIRMONT CIRCLE	
CITY-ST-ZIP	TAMARAC FL		5.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael BAMA 3/8/97 (954) 722-3824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0037813