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Feb 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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



3. Date Incorporated or Qualified

02/04/1988

4. FEI Number

65-0021721

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOROWITZ, ARTHUR
10547 E. CLAIRMONT CIRCLE
TAMARAC FL 33321

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 617.1508, 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

Arthur Horowitz ARTHUR HOROWITZ 1/24/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistening)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME BAMA, MICHAEL
STREET ADDRESS 10591 E CLAIRMONT CIR
CITY-ST-ZIP TAMARAC FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME BROMBERG, CARL
STREET ADDRESS 10563 E CLAIRMONT CIR
CITY-ST-ZIP TAMARAC FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME KAUFMAN, JULIUS
STREET ADDRESS 10587 E CLAIRMONT CIR
CITY-ST-ZIP TAMARAC FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME HOROWITZ, ARTHUR
STREET ADDRESS 10547 E CLAIRMONT CIR
CITY-ST-ZIP TAMARAC FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ROSEN, BARBARA
STREET ADDRESS 10545 E CLAIRMONT CIRCLE
CITY-ST-ZIP TAMARAC FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

M. BAMA MICHAEL BAMA President 01/24/98 (954) 722-3824

CR2E037 (10/97)