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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24680

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

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)

3. Date Incorporated or Qualifed: 02/04/1988

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

5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required

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

9. Name and Address of Current Registered Agent

HOROWITZ, ARTHUR
10547 E. CLAIRMONT CIRCLE
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name: BAMA, MICHAEL
82 Street Address (P.O. Box Number is Not Acceptable): 10591 E. CLAIRMONT CIRCLE
83
84 City: TAMARAC, FL — FL — 85 Zip Code: 33321

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: Michael Bama — MICHAEL BAMA — DATE: 4/7/99
Signature of, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BAMA, MICHAEL	
STREET ADDRESS	10591 E CLAIRMONT CIR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	☐ DELETE
NAME	BROMBERG, CARL	
STREET ADDRESS	10563 E CLAIRMONT CIR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	☐ DELETE
NAME	KAUFMAN, JULIUS	
STREET ADDRESS	10587 E CLAIRMONT CIR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	S	☒ DELETE
NAME	HOROWITZ, ARTHUR	(Dlvd 2/13/99)
STREET ADDRESS	10547 E CLAIRMONT CIR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	☐ DELETE
NAME	ROSEN, BARBARA	
STREET ADDRESS	10545 E CLAIRMONT CIRCLE	
CITY-ST-ZIP	TAMARAC FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY DIRECTOR	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PRESIDENT DIRECTOR	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VICE PRESIDENT DIRECTOR	☐ Change ☒ Addition
4.2 NAME	PRESS, ARTHUR	
4.3 STREET ADDRESS	10585 E. CLAIRMONT CIRCLE	
4.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
5.1 TITLE	VICE PRESIDENT DIRECTOR	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — Michael Bama — 1/24/99 — (954) 722-3824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MICHAEL BAMA SECRETARY DIRECTOR