

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED

95 APR -6 AM 6:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N26648** (8)

1. Corporation Name

CLAIRMONT CONDOMINIUM F ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**GOLDMAN & JUDA-SUITE 201
7771 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33351**

**GOLDMAN & JUDA-SUITE 201
7771 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33351**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1988

3a. Date of Last Report

03/28/1994

4. FEI Number

65-0051904

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERNSTEIN, HYMAN
10666 W. CLAIRMONT CIR.
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	FRIEDMAN, MAX
STREET ADDRESS	10620 W. CLAIRMONT CIR.
CITY-ST-ZIP	TAMARAC FL
TITLE	VD
NAME	FISCHER, EMERY
STREET ADDRESS	10628 W. CLAIRMONT CIR.
CITY-ST-ZIP	TAMARAC FL
TITLE	TD
NAME	RUBIN, MELVIN
STREET ADDRESS	10604 W CLAIRMONT CIRCLE
CITY-ST-ZIP	TAMARAC FL
TITLE	SD
NAME	BERSTEIN, HYMAN
STREET ADDRESS	10666 W. CLAIRMONT CIR
CITY-ST-ZIP	TAMARAC FL
TITLE	D
NAME	BERNZ, ELI
STREET ADDRESS	10642 W CLAIRMONT CIR
CITY-ST-ZIP	TAMARAC FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *Max Friedman* **MAX FRIEDMAN/PRES 4/3/95 (305) 720-1721**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Month/Year) (Signature/Print Name)