

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N26648 (8)

1. Corporation Name

CLAIRMONT CONDOMINIUM F ASSOCIATION, INC.

PAID
(JAN 25 1996)



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. 1012
FT. LAUDERDALE FL 33351

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		05/26/1988		04/06/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0051904		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

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 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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, MAX	1.2 NAME	EMERY FISCHER
STREET ADDRESS	10620 W. CLAIRMONT CIR.	1.3 STREET ADDRESS	10623 CLAIRMONT CIRCLE
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, EMERY	2.2 NAME	MAX FRIEDMAN
STREET ADDRESS	10628 W. CLAIRMONT CIR.	2.3 STREET ADDRESS	10623 CLAIRMONT CIRCLE
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBIN, MELVIN	3.2 NAME	SAPORTA, JUDITH
STREET ADDRESS	10604 W CLAIRMONT CIRCLE	3.3 STREET ADDRESS	10666 W. CLAIRMONT CIRCLE
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	TAMARAC, FL - 33321
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, HYMAN	4.2 NAME	
STREET ADDRESS	10666 W. CLAIRMONT CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNZ, ELI	5.2 NAME	
STREET ADDRESS	10642 W CLAIRMONT CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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:

Emery Fischer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (12/95)