FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUI 1. Corporation	MENT # N26648	3 (8)			
CLAIRMONT CONDOMINIUM F ASSOCIATION, INC.					
Principal Place	of Business	Mailing Address			OVE MINDE DIDII BIDIE OKON DIBIY DIDIE INDE
GOLDMAN 8 JUDA-SUITE 201 GOLDMAN 8 JUDA-SUIT 7771 W. OAKLAND PARK BLVD. 7771 W. OAKLAND PARK			LVD.		
FT. LAUDERDAL	E FL 33351	FT. LAUDERDALE FL 333514	6749	3. Date incorporated or Qualified 05/26/1988	3s. Date of Last Report 03/27/1996
2. Principal Pt	ace of Business	2a. Mailing Address		4. FEI Number 65-0051904	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	?	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for it	Added to Fees ntangible tax under s. 199.032,
24	25		30		Yes No
9. Name and Address of Current Begistered Agent 10. Name and Address of New Registered Agent					
REDNST	EIN HVMAN ST	7) 125,572 11	81 Name EMER	Y FISHCER	
BERNSTEIN, HYMAN 10889 W. CLAIRMONT CIR. (MAR 0 7 1997)			11 1062	ress (P.O. Box Number is Not Acceptable 3 CAAIRMONT CI	ncié
TAMARA	C FL 33321	unt	83		
•		1105	84 City	ARAC	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, Seption 617.0503, Florida Statutes.					
agent. La SIGNATURE	m familiar with, and accept the obligati	ons of, 300 fion 617.05/3, Flor	rida Statutes.		!
	Signature, typed or printed name of registered agent		Registered Agent signature requi		DATE
12.	OFFICERS (MD		13.	ADDITIONS/CHANGES TO OFFIC	· · · · · · · · · · · · · · · · · · ·
TITLE	PP FINERY	DELETE	1.1 TITLE		Change Addition
NAME	FISHCER, EMERY		1.2 NAME		
STREET ADDRESS	10623 CLAIRMONT CIRCLE		1.3 STREET ADDRESS		
CITY-S1-ZIP	TAMARAC FL	- Dru Fre	1.4 CITY-ST-ZIP		Observe delete
TITLE	VD	☐ DELETE	21 TITLE		Change Addition
NAME	FRIEDMAN, MAX		22 NAME		
STREET ADDRESS	10623 CLAIRMONT CIRCLE		23 STREET ADDRESS		
CITY-S1-7IP	TAMARAC FL	☐ DELĒTĒ	2.4 CITY-ST-ZIP		Change Addition
TITLE	TD CADODTA HIDITU	בין טננגונ	3.1 TITLE		Change Addition
NAME	SAPORTA, JUDITH		3.2 NAME		
STREET ADDRESS	10668 W CLAIRMONT CIRCLE		3.3 STREET ADDRESS		
Cily-SI-ZiP	TAMARAC FL	The period	3.4. CiTY-ST-ZiP		0
TITLE	SD STOOTEN LUMAN	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BERSTEIN, HYMAN		4. 2 NAME		
STREET ADDRESS	10666 W. CLAIRMONT CIR		4.3 STREET ADDRESS		
CITY-ST-7IP	TAMARAC FL	N Joseph Control	4.4 CITY-ST-ZIP		Abov 1 1 4 2 20
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	-BERNZ, ELT		5.2 NAME		
STREET ADDRESS	10042-W CLAIRMONT CIR		5.3 STREET ADORESS		
CITY-ST-ZIP	TAMARAC FL		5.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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.

Daytime Phone # 0037825

FILED

Apr 07 1997 8:00am

Secretary of State