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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Wortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26648 (8)

1. Corporation Name
CLAIRMONT CONDOMINIUM F ASSOCIATION, INC.



Principal Place of Business GOLDMAN & JUDA-SUITE 201 7771 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33351	Mailing Address GOLDMAN & JUDA-SUITE 201 7771 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33351
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3. Date Incorporated or Qualified 05/26/1988	
4. FEI Number 65-0051904	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**FISCHER, EMERY
10623 CLAIRMONT CIR
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81. Name **MAX FRIEDMAN**

82. Street Address (P.O. Box Number is Not Acceptable)
10620 W. CLAIRMONT CIRCLE

83. City **TAMARAC**

84. State **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: *Max Friedman* DATE: **2/26/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, EMERY	1.2 NAME	FRIEDMAN, MAX
STREET ADDRESS	10623 CLAIRMONT CIRCLE	1.3 STREET ADDRESS	10620 CLAIRMONT CIRCLE
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	FERTMAN ZELDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIEDMAN, MAX	2.2 NAME	DIRECTOR
STREET ADDRESS	10623 CLAIRMONT CIRCLE	2.3 STREET ADDRESS	10672 CLAIRMONT CIRCLE
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	CANNON BOXER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAPORTA, JUDITH	3.2 NAME	DIRECTOR
STREET ADDRESS	10668 W CLAIRMONT CIRCLE	3.3 STREET ADDRESS	10660 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	
NAME	BERSTEIN, 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	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Max Friedman*

1/28/98

CP2E037 (10/97)