

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 15, 1999 8:00am**  
**Secretary of State**

02-15-1999 90014 015 \*\*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # N26648**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/26/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0051904
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
	Zip 29	Country 30

9. Name and Address of Current Registered Agent  FRIEDMAN, MAX 10620 W CLAIRMONT CIR TAMARAC FL 33321	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, MAX	1.2 NAME	
STREET ADDRESS	10620 CLAIRMONT CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERTMAN, ZELDA	2.2 NAME	
STREET ADDRESS	10672 CLAIRMONT CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPORTA, JUDITH	3.2 NAME	
STREET ADDRESS	10668 W CLAIRMONT CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOXER, CALVIN	5.2 NAME	
STREET ADDRESS	10660 W CLAIRMONT CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	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 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** *Hyman Bernstein* 1/32/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)