

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90019 046 ****61.25

DOCUMENT # N26648

1. Entity 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 33351-6749

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0051904

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDMAN, MAX
 10620 W CLAIRMONT CIR
 TAMARAC FL 33321

Name **MARVIN BROMBERG**
 Street Address (P.O. Box Number is Not Acceptable)
10624 W. CLAIRMONT Circle
 City **TAMARAC** FL Zip Code **33321**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE MARVIN BROMBERG Marvin Bromberg 1/29/00
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	FRIEDMAN, MAX	10620 CLAIRMONT CIR	TAMARAC FL 33321	<input checked="" type="checkbox"/>
D	FERTMAN, ZELDA	10672 CLAIRMONT CIR	TAMARAC FL 33321	<input checked="" type="checkbox"/>
TD	SAPORTA, JUDITH	10668 W CLAIRMONT CIRCLE	TAMARAC FL	<input checked="" type="checkbox"/>
SD	BERSTEIN, HYMAN	10666 W. CLAIRMONT CIR	TAMARAC FL	<input type="checkbox"/>
D	BOXER, CALVIN	10660 W CLAIRMONT CIR	TAMARAC FL 33321	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P.	MARVIN BROMBERG	10624 W. CLAIRMONT Circle	TAMARAC, FL. 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D.	SHLEVIN, DAVID	10604 W. CLAIRMONT Circle	TAMARAC, FL. 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD/D.	DEFLORA, NICHOLAS J.	10640 W. CLAIRMONT Circle	TAMARAC, FL. 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D.	FISCHER, EMERY	10628 W. CLAIRMONT Circle	TAMARAC, FL. 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN BROMBERG Marvin Bromberg 1/29/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)