


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N27747 (7)
1. Corporation Name
CLAIRMONT CONDOMINIUM J ASSOCIATION, INC.



Principal Place of Business C/O GOLDMAN & JUDA, P.A. 7771 W. OAKLAND PARK BLVD., #201 FT. LAUDERDALE FL 33351	Mailing Address C/O GOLDMAN & JUDA, P.A. 7771 W. OAKLAND PARK BLVD., #201 FT. LAUDERDALE FL 33351
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3. Date Incorporated or Qualified 08/04/1988	Applied For Not Applicable
4. FEI Number 65-0071840	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FINKLER JOSEPH
10687 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GLASSER, HAROLD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10693 W. CLAIRMONT CIR.	1.2 NAME	
STREET ADDRESS	TAMARAC FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD WURTZEL, SAM	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10691 W. CLAIRMONT CIR.	2.2 NAME	
STREET ADDRESS	TAMARAC FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD GOLDBERG, MARTIN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10677 W CLAIRMONT CIRCLE	3.2 NAME	
STREET ADDRESS	TAMARAC FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD FINKLER, JOSEPH	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10687 W CLAIRMONT CIRCLE	4.2 NAME	
STREET ADDRESS	TAMARAC FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BERNSTEIN DOROTHY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10709 W CLARMONT CIR	5.2 NAME	
STREET ADDRESS	TAMARAC FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Joseph Finkler, Joseph Finkler 2/25/98

CR2E037 (10/97)