


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90160 001 ****61.25

DOCUMENT # N27747			
1. Entity Name CLAIRMONT CONDOMINIUM J ASSOCIATION, INC.			
Principal Place of Business C/O GOLDMAN, JUDA & MARTIN, P.A. 8211 W. BROWARD BLVD. PH. 1 PLANTATION, FL 33324		Mailing Address C/O GOLDMAN, JUDA & MARTIN, P.A. 8211 W. BROWARD BLVD. PH. 1 PLANTATION, FL 33324	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 65-0071840		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JUDA, KIMBERLY A CPA 8211 W. BROWARD BLVD STE PH-1 FORT LAUDERDALE, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered agent signature required when returning)			
Filing Fee is \$51.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRSH, HEBERT	NAME	
STREET ADDRESS	10685 W. CLAIRMONT CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMPSON, HARVEY	NAME	
STREET ADDRESS	10671 W. CLAIRMONT CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSER, HAROLD	NAME	
STREET ADDRESS	10642 CLAIRMONT CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, STEVEN W	NAME	
STREET ADDRESS	10633 W. CLAIRMONT CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	CENTRE, ANTHONY
STREET ADDRESS		STREET ADDRESS	10713 W. CLAIRMONT CIRCLE
CITY-ST-ZIP		CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Steven Jacobs</i>		Date: <i>President 2/28/06 954 778 7138</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date	

ATTACHMENT
W. CLAIRMONT CIR.

40027457

#N27747

J1

RESIDENT	APT.#	KEY#	STR.#	PHONE #
EARLY BARBARA	101	20	10669	954-597-0112
HERNSTAD, ANITA	102	19	10673	954-720-7823
REICH, EDITH	103		10677	954-726-0946
WOLFSON, EVELYN	104	22	10681	954-726-2514
SAMPSON, HARVEY	201	14	10671	954-721-5244
GLASER, MICKEL	202	7	10675	954-721-0900
KASSOFF, EDIRITH	203	12	10679	954-726-9407
EINHORN, DORIS	204	1	10683	954-720-5769

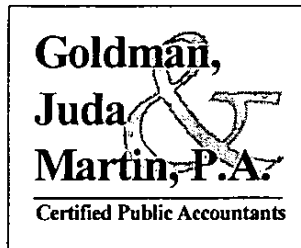
J2

HIRSH, HERB/EVELYN	105	4	10685	954-724-7299
PATCHEM, SHIRLEY	106	21	10689	954-722-7074
GLASSER, HAROLD	107	17	10693	954-720-8742
POLLACK, MURIEL	108	2	10697	954-726-9031
DENNI, DEANE	205	18	10687	954-726-1584
WURTZEL, SAM/BERNICE	206	16	10691	954-726-8247
BARITZ, HAROLD/SYDELL	207	9	10693	954-721-8601
JACOBS, STEVEN	208	15	10699	954-718-7138

J3

GOLDBERG	109		10701	
ECITMAN - GLUECK	110	6	10705	954-720-8030
BERNSTEIN, DOROTHY	111	3	10709	954-726-3203
CENTORE, ANTHONY	112	11	10713	954-718-6873
SCHEMM, HAROLD	209	24	10703	954-724-4759
SLOAN, ROSALYN	210	8	10707	954-720-6432
KRAVITZ, HOWARD	211	23	10711	954-720-5137
JOHNSON, PHYLLIS	212	5	10715	954-722-6544

ATTACHMENT



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Enclosed is your 2006 Annual Corporation Report that must be filed with the state. Please read the following directions carefully in order to expedite this form completely and timely.

6. Make sure the registered agent is correct.
7. Do not complete #7 unless you are **changing** the registered agent.
8. Do not sign #8 unless you **are** changing the registered agent.
10. Any changes to the officers and directors must be printed **clearly and completely** in section #11. (Title, Name, Street Address, City, State, and Zip Code.

Titles must be coded as follows:

President – PD
Vice President – VPD
Treasurer – TD
Secretary – SD
Director - D

12. An officer must **sign, print name, date and fill in phone number** at the bottom of the page, #12.

Your cooperation in this matter would be greatly appreciated, and if you have any questions, please do not hesitate to call.

Thanking you in advance.

- After you have completed the enclosed form and signed the check, please return to me so I may keep a copy for your file and mail to the Department of State on your behalf.

firm use/annual report client instructions.doc