

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$365)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN 29 AM 8:16

DOCUMENT # N32153 (1)
 1. Corporation Name
 CLAIRMONT CONDOMINIUM N ASSOCIATION, INC.

Principal Place of Business Mailing Address
 C/O JERRY LEWIS C/O JERRY LEWIS
 10963 W CLAIRMONT CIRCLE 10963 W CLAIRMONT CIRCLE
 TAMARAC FL 33321 TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
 05/08/1989 03/30/1994
 4. FEI Number Applied For
 65-0138506 Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 C/O MARION STERN 26 C/O MARION STERN
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 10959 W. Clairmont C. 27 10959 W. Clairmont C.
 City & State City & State
 23 Tamarac Fla 28 Tamarac Fla
 Zip Country Zip Country
 24 33321 25 Broward 29 33321 30 Broward

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status FILING FEE IS \$61.25
 8. This corporation has liability for intangible tax under s. 109.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 LEWIS, JERRY
 10963 W. CLAIRMONT CIRCLE
 TAMARAC FL 33321

10. Name and Address of New Registered Agent
 81 Name MARION STERN
 82 Street Address (P.O. Box Number is Not Acceptable) 10959 W. CLAIRMONT Circle
 83 Tamarac
 84 City 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: Marion Stern (NOTE: Registered Agent signature required when reinstating) DATE: June 2, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JERRY	1 2 NAME	
STREET ADDRESS	10963 W CLAIRMONT CIR	1 3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	1 4 CITY - ST - ZIP	
TITLE	VD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALMAN, FRANK	2 2 NAME	
STREET ADDRESS	10947 W. CLAIRMONT CIRCLE.	2 3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	2 4 CITY - ST - ZIP	
TITLE	VD	3 1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDERONE, JACK	3 2 NAME	Kalinsky, Joseph
STREET ADDRESS	10949 W. CLAIRMONT CIRCLE	3 3 STREET ADDRESS	10931 W. Clairmont Circle
CITY - ST - ZIP	TAMARAC FL	3 4 CITY - ST - ZIP	Tamarac Fla 33321
TITLE	SD	4 1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, MARION	4 2 NAME	
STREET ADDRESS	10959 W CLAIRMONT CIR	4 3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	4 4 CITY - ST - ZIP	
TITLE	TD	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKELSTEIN, ALBERT	5 2 NAME	
STREET ADDRESS	10927 W. CLAIRMONT CIRCLE	5 3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	5 4 CITY - ST - ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE: Marion Stern MARION STERN DATE: June 2, 1995 305-722-2510

CR2E037 (3/95)