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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

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



Principal Place of Business Mailing Address
C/O MARION STERN 10959 W CLAIRMONT TAMARAC FL 33321 US
C/O MARION STERN 10959 CLAIRMONT CIRCLE TAMARAC FL 33321 US

3. Date Incorporated or Qualified
05/08/1989
4. FEI Number
65-0138506
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 10931 W. CLAIRMONT CIR. 26 10931 W. CLAIRMONT CIR
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 TAMARAC FL. 28 TAMARAC FL.
10931 W. CLAIRMONT CIR.
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
STERN, MARION
10959 CLAIRMONT CIRCLE
TAMARAC FL 33321

10. Name and Address of New Registered Agent
81 Name HANNAH KALINSKY
82 Street Address (P.O. Box Number is Not Acceptable) 10931 W. CLAIRMONT CIRCLE
83
84 City TAMARAC 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 *Hannah Kalinsky* HANNAH KALINSKY DATE 1-8-98

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEWIS, JERRY	
STREET ADDRESS	10963 W CLAIRMONT CIR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CALMAN, FRANK	
STREET ADDRESS	10947 W. CLAIRMONT CIRCLE.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KALINSKY, JOSPEH	
STREET ADDRESS	10931 W CLAIRMONT CIRCLE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	STERN, MARION	
STREET ADDRESS	10959 W CLAIRMONT CIR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FINKELSTEIN, ALBERT	
STREET ADDRESS	10927 W. CLAIRMONT CIRCLE	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEWIS, JERRY	
1.3 STREET ADDRESS	10963 W CLAIRMONT CIR	
1.4 CITY-ST-ZIP	TAMARAC FL	
2.1 TITLE	P-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HANNAH KALINSKY	
2.3 STREET ADDRESS	10931 W. CLAIRMONT CIRCLE	
2.4 CITY-ST-ZIP	TAMARAC FL. 33321	
3.1 TITLE	T-TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ALBERT FINKELSTEIN	
3.3 STREET ADDRESS	10927 W. CLAIRMONT CIR.	
3.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
4.1 TITLE	S-SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STERN, MARION	
4.3 STREET ADDRESS	10959 W. CLAIRMONT CIR.	
4.4 CITY-ST-ZIP	TAMARAC FL	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOSEPH KALINSKY	
5.3 STREET ADDRESS	10931 W. CLAIRMONT CIR.	
5.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Hannah Kalinsky* HANNAH KALINSKY PRES. DATE 1-8-98 954-721-1917

CR2E037 (10/97)