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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32153

1. Corporation Name
CLAIRMONT CONDOMINIUM N ASSOCIATION, INC.

Principal Place of Business C/O MARION STERN 10959 W CLAIRMONT TAMARAC FL 33321 US	Mailing Address C/O MARION STERN 10959 CLAIRMONT CIRCLE TAMARAC FL 33321 US
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2. Principal Place of Business 21 HANNAH KALINSKY	2a. Mailing Address 26 % HANNAH KALINSKY	3. Date Incorporated or Qualified 05/08/1989
Suite, Apt. #, etc. 22 10931 W. CLAIRMONT CIRCLE	Suite, Apt. #, etc. 27 10931 W. CLAIRMONT CIRCLE	4. FEI Number 65-0138506
City & State 23 TAMARAC FL.	City & State 28 TAMARAC, FL.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33321	Country 25 BROWARD	29 33321
Country 25 BROWARD	Country 30 BROWARD	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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11. Pursuant to the provisions of Sections 617.0502 and 817.1508, 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 817.0503, Florida Statutes.
 SIGNATURE **HANNAH KALINSKY, PRES** *Hannah Kalinsky* DATE **4-1-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	LEWIS, JERRY 10963 W CLAIRMONT CIR TAMARAC FL	1.1 TITLE PRESIDENT	HANNAH KALINSKY - P
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	10931 W CLAIRMONT CIRCLE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	TAMARAC, FL. 33321
TITLE VD	CALMAN, FRANK 10947 W. CLAIRMONT CIRCLE TAMARAC FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE VD	KALINSKY, JOSEPH 10931 W CLAIRMONT CIRCLE TAMARAC FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE P SECTY	STERN, MARION 10959 W CLAIRMONT CIR TAMARAC FL	4.1 TITLE	STERN, MARION, SECTY
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	10959 W. CLAIRMONT CIRCLE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMARAC, FL. 33321
TITLE TD	FINKELSTEIN, ALBERT 10927 W. CLAIRMONT CIRCLE TAMARAC FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Hannah Kalinsky* **HANNAH KALINSKY, PRES.** DATE: **1-6-99** DAYTIME PHONE #: **954-781-1917**
Signature and typed or printed name of signing officer or director

CR2E037 (1/98)