


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N32153			
1. Entity Name CLAIRMONT CONDOMINIUM N ASSOCIATION, INC.			
Principal Place of Business C/O JUDA GOLDMAN 8211 W BROWARD BLVD., SUITE PH 1 PLANTATION, FL 33324 US		Mailing Address C/O JUDA GOLDMAN 8211 W BROWARD BLVD., SUITE PH 1 PLANTATION, FL 33324 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 65-0138506		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JUDA, KIM C/O GOLDMAN, JUDA P.A. 8211 W BROWARD BLVD., SUITE PH-1 PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) 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 _____		DATE 01/23/08-80011-004 61.25	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TABICIMAN, ROY	NAME	
STREET ADDRESS	10941 W CLAIRMONT CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOKOL, MILDRED	NAME	
STREET ADDRESS	10919 W CLAIRMONT CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	TARAMAC, FL 33321	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANJOIN, CECILE	NAME	
STREET ADDRESS	10921 W CLAIRMONT CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	TARAMAC, FL 33321	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOKOL, BARRY	NAME	
STREET ADDRESS	10919 W CLAIRMONT CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	TARAMAC, FL 33321	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASPAN, DAVID	NAME	
STREET ADDRESS	10935 W CLAIRMONT CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	TARAMAC, FL 33321	CITY-ST-ZIP	
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>Roy Tabiciman</i>		Date: 01/16/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 954-299-7779	