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FILED

Feb 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N44640 (3)

1. Corporation Name

CLAREMONT MONTESSORI CENTER, INC.



Principal Place of Business

Mailing Address

2450 NW 5TH AVE.  
BOCA RATON FL 33431  
US2450 NW 5TH AVE  
BOCA RATON FL 33431-8205  
US3. Date Incorporated or Qualified  
08/12/19913a. Date of Last Report  
02/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REYNOLDS, MAXINE V.E.  
SUITE 271  
433 PLAZA REAL  
BOCA RATON FL 33432

81

Name

HARVEY R. HALLENBERG

82

Street Address (P.O. Box Number is Not Acceptable)

7121 LOCKWOOD ROAD

83

84

City

LAKE WORTH

FL

85

Zip Code

33467

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

Harvey R. Hallenberg

HARVEY R. HALLENBERG

February 8, 1997

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VSD  
NAME HALLENBERG, NANCY L.  
STREET ADDRESS 7121 LOCKWOOD ROAD  
CITY-ST-ZIP LAKE WORTH FL  
☐ DELETE1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE PT  
NAME HALLENBERG, HARVEY R.  
STREET ADDRESS 7121 LOCKWOOD ROAD  
CITY-ST-ZIP LAKE WORTH FL  
☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE BM  
NAME BOWSER, KATHLEEN  
STREET ADDRESS 470 N. E. 27 CIRCLE  
CITY-ST-ZIP BOCA RATON FL  
☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE BM  
NAME LEMON, JANE C.  
STREET ADDRESS 325 N. COTTONWOOD DRIVE  
CITY-ST-ZIP GILBERT AZ  
☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE BM  
NAME ZIEGLER, KATHY R  
STREET ADDRESS 4417 S. 151ST STREET  
CITY-ST-ZIP OMAHA NE  
☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE TD  
NAME ANNUNZIATA, JOSEPH  
STREET ADDRESS 3132 WYNFORD DRIVE  
CITY-ST-ZIP FAIRFAX VA  
☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I do 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:

Harvey R. Hallenberg

HARVEY R. HALLENBERG

2-8-97

(561)394-7674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0038726

CP2E037 (9/96)