

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90182 032 ****61.25

0043473

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44640

1. Corporation Name

CLAREMONT MONTESSORI CENTER, INC.

Principal Place of Business

2450 NW 5TH AVE.
BOCA RATON FL 33431
US

Mailing Address

2450 NW 5TH AVE
BOCA RATON FL 33431
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/12/1991

4. FEI Number

54-1387413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HARVEY R. HALLENBERG
7121 LOCKWOOD RD.
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

HARVEY R. HALLENBERG
(NOTE: Registered Agent signature required when reinstating)

2-9-99
DATE

12. OFFICERS AND DIRECTORS

TITLE VSD ☐ DELETE
NAME HALLENBERG, NANCY L.
STREET ADDRESS 7121 LOCKWOOD ROAD
CITY-ST-ZIP LAKE WORTH FL

TITLE PT ☐ DELETE
NAME HALLENBERG, HARVEY R.
STREET ADDRESS 7121 LOCKWOOD ROAD
CITY-ST-ZIP LAKE WORTH FL

TITLE BM ☐ DELETE
NAME BOWSER, KATHLEEN
STREET ADDRESS 470 N. E. 27 CIRCLE
CITY-ST-ZIP BOCA RATON FL

TITLE BM ☐ DELETE
NAME LEMON, JANE C.
STREET ADDRESS 325 N. COTTONWOOD DRIVE
CITY-ST-ZIP GILBERT AZ

TITLE BM ☒ DELETE
NAME ZIEGLER, KATHY R
STREET ADDRESS 4417 S. 151ST STREET
CITY-ST-ZIP OMAHA NE

TITLE TD ☐ DELETE
NAME ANNUNZIATA, JOSEPH
STREET ADDRESS 3132 WYNFORD DRIVE
CITY-ST-ZIP FAIRFAX VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME BM
5.3 STREET ADDRESS WILLIAMS ROBERT
5.4 CITY-ST-ZIP 520 N. PEBHAM ST.
ALEXANDRIA, VA 22304

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Harvey R. Hallenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)