

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90030 048 ****61.25

DOCUMENT # N32150

1. Entity Name
CLAIRMONT CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business
**GOLDMAN JUDA & MARTIN PA
8211 WEST BROWARD BLVD STE PH1 5TH FL
PLANTATION, FL 33324**

Mailing Address
**GOLDMAN JUDA & MARTIN PA
8211 WEST BROWARD BLVD STE PH1 5TH FL
PLANTATION, FL 33324**

94005803



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0135393

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POMERANTZ, RONALD
10819 W CLAIRMONT CIR
TAMARC, FL 33321**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 VPD ☐ Delete
NAME ISEAR, MICHELLE
STREET ADDRESS 10841 W CLAIRMONT CIR
CITY-ST-ZIP TAMARAC, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME ROSEN, ELAINE
STREET ADDRESS 10821 W. CLAIRMONT CIR.
CITY-ST-ZIP TAMARAC, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME POMERANTZ, RONALD
STREET ADDRESS 10819 W. CLAIRMONT CIR.
CITY-ST-ZIP TAMARAC, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SELTZER, KEN
STREET ADDRESS 10839 W. CLAIRMONT CIR.
CITY-ST-ZIP FORT LAUDERDALE, FL 33321

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME WEGWEISER, CHARLES
STREET ADDRESS 10865 W CLAIRMONT CIR
CITY-ST-ZIP TAMARAC, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: *Ronald Pomerantz* **RONALD POMERANTZ** 1/26/04 954 7223124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #