

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90023 046 ****61.25

DOCUMENT # N44640

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

54-1387413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARVEY R. HALLENBERG
8858 GEORGETOWN LANE
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE PT
NAME HALLENBERG, NANCY L. ☐ Delete
STREET ADDRESS 8858 GEORGETOWN LANE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE VSD
NAME HALLENBERG, HARVEY R. ☐ Delete
STREET ADDRESS 8858 GEORGETOWN LANE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE BM
NAME BERTELL, JUDI ☐ Delete
STREET ADDRESS 4801 NE 16TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE BM
NAME LEMON, JANE C. ☐ Delete
STREET ADDRESS 325 N. COTTONWOOD DRIVE
CITY-ST-ZIP GILBERT AZ 85234

TITLE BM
NAME WILLIAMS, ROBERT ☐ Delete
STREET ADDRESS 4612 NEWCOMB PLACE
CITY-ST-ZIP ALEXANDRIA VA 22304

TITLE TD
NAME ANNUNZIATA, JOSEPH ☐ Delete
STREET ADDRESS 3132 WYNFORD DRIVE
CITY-ST-ZIP FAIRFAX VA 22031

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE BM ☐ Change ☒ Addition
NAME IRIS WILLIAMS
STREET ADDRESS 4612 NEWCOMB PLACE
CITY-ST-ZIP ALEXANDRIA, VA 22304

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

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

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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 exemptions contained in Section 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

Harvey R. Hallenberg

HARVEY R. HALLENBERG

1-29-06

(541) 394-7674