

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44640

FILED
Feb 10, 2010
Secretary of State

Entity Name: CLAREMONT MONTESSORI CENTER, INC.

Current Principal Place of Business:

2450 NW 5TH AVE.
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

2450 NW 5TH AVE.
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 54-1387413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY R. HALLENBERG
8858 GEORGETOWN LANE
BOYNTON BEACH, FL 33472 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HALLENBERG, NANCY L DR.
Address: 8858 GEORGETOWN LANE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: VSD
Name: HALLENBERG, HARVEY R.
Address: 8858 GEORGETOWN LANE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: BM
Name: BERTELL, JUDI
Address: 4801 NE 16TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: BM
Name: LEMON, JANE C.
Address: 325 N. COTTONWOOD DRIVE
City-St-Zip: GILBERT, AZ 85234

Title: BM
Name: WILLIAMS, ROBERT
Address: 4612 NEWCOMB PLACE
City-St-Zip: ALEXANDRIA, VA 22304

Title: TD
Name: ANNUNZIATA, JOSEPH
Address: 3132 WYNFORD DRIVE
City-St-Zip: FAIRFAX, VA 22031

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HARVEY R. HALLENBERG

VSD

02/10/2010

Electronic Signature of Signing Officer or Director

Date