## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011772

**Entity Name: CLAREMONT PLACE CONDOMINIUM ASSOCIATION** 

CORPORATION

## **Current Principal Place of Business:**

2005 SAN SOUCI BOULEVARD NORTH MIAMI, FL 33181

## **Current Mailing Address:**

SPECIALIZED CONDOMINIUM MANAGEMENT, INC. CLAREMONT PLACE CONDO 12955 BISCAYNE BLVD. #314-A NORTH MIAMI, FL 33181 US

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

YAFFE, ROBERT ROBERT YAFFE, PA 1153 KANE CONCOURSE, THIRD FLOOR BAY HARBOR ISLANDS, FL 33154 US

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: ROBERT YAFFE 04/05/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

**TREASURER** Title Title **PRESIDENT** 

KATZ, EDUARDO PROSENICA, BOSKO Name Name

Address SPECIALIZED CONDOMINIUM Address SPECIALIZED CONDOMINIUM

MANAGEMENT, INC. MANAGEMENT, INC.

CLAREMONT PLACE CONDO 12955 CLAREMONT PLACE CONDOMINIUM BISCAYNE BLVD. #314-A 12955 BISCAYNE BLVD., SUITE 314A

City-State-Zip: NORTH MIAMI FL 33181 City-State-Zip: NORTH MIAMI FL 33181

Title SECRETARY

Name KONOVALOVA, ALLISON

Address SPECIALIZED CONDOMINIUM

MANAGEMENT, INC.

CLAREMONT PLACE CONDOMINIUM 12955 BISCAYNE BLVD, SUITE 314A

NORTH MIAMI FL 33181 City-State-Zip:

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: BOSKO PROSENICA

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/05/2024 Date

**FILED** Apr 05, 2024

Secretary of State

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