

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21779

**Entity Name:** CLAIRMONT NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

8211 W. BROWARD BLVD., SUITE PH-1  
PLANTATION, FL 33324

**Current Mailing Address:**

8211 W. BROWARD BLVD., SUITE PH-1  
PLANTATION, FL 33324

**FEI Number:** 59-2843211

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GOODMAN, HAROLD  
10565 E CLAIRMONT CIRCLE  
TAMARAC, FL 33321 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:** HAROLD GOODMAN

01/23/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            ULL, HOWARD  
Address        10436 E. CLAIRMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321

Title            VP  
Name            SCHUSTER, LOUISE  
Address        10510 W CLAIRMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321-7860

Title            SECRETARY  
Name            KRANZ, PAULA  
Address        10885 W. CLAIRMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321

Title            PRESIDENT  
Name            GOODMAN, HAROLD  
Address        10565 E CLAIRMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321

*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:** HAROLD GOODMAN

**PRESIDENT**

01/23/2017

Electronic Signature of Signing Officer/Director Detail

Date