

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22190

**FILED**  
**Mar 15, 2019**  
**Secretary of State**  
**0181502109CC**

**Entity Name:** CLAIRMONT CONDOMINIUM B ASSOCIATION, INC.

**Current Principal Place of Business:**

10438 E. CLAIRMONT CIRCLE  
TAMARAC, FL 33321

**Current Mailing Address:**

8211 W. BROWARD BLVD.  
SUITE PH-1  
PLANTATION, FL 33025 US

**FEI Number:** 59-2843207

**Certificate of Status Desired:** No

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

VALANCY, STEVEN S  
311 SE 13TH STREET  
FORT LAUDERDALE, FL 33316 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name ROSEN, LARRY  
Address 10454 E CLAIRMONT CIR.  
City-State-Zip: TAMARAC FL 33321

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

Title SECRETARY  
Name BURTON, MARTHA  
Address 10412 E. CLAIRMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321

Title VP  
Name WEINBERG, ROBERT  
Address 10442 E CLAIRMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321

Title TREASURER  
Name MAZER, GAIL  
Address 10440 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:** HOWARD ULL

**PRESIDENT**

**03/15/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date