## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23371

Entity Name: CLAIRMONT CONDOMINIUM E ASSOCIATION, INC.

FILED
Mar 19, 2013
Secretary of State
CC0181875729

# **Current Principal Place of Business:**

GOLDMAN JUDA & ESKEW, P.A. 8211 WEST BROWARD BLVD, STE PH1 FIFTH FL PLANTATION, FL 33324

## **Current Mailing Address:**

GOLDMAN JUDA & ESKEW, P.A. 8211 WEST BROWARD BLVD, STE PH1 FIFTH FL PLANTATION, FL 33324

FEI Number: 59-2843230 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

COOPERSMITH, NORMAN S 10364 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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title PD Title DIRECTOR

Name COOPERSMITH, NORMAN Name MARKS, ELAYNE

Address 10364 E CLAIRMONT CIR Address 10320 E CLAIRMONT CIR

City-State-Zip: TAMARAC FL 33321 City-State-Zip: TAMARAC FL 33321

Title SECRETARY Title TREASURER

Name SCHOOR, GERTRUDE Name OUMANO, DEBORA

Address 10318 E. CLAIRMONT CIR Address 10346 E. CLAIRMONT CIR

City-State-Zip: TAMARAC FL 33321 City-State-Zip: TAMARAC FL 33321

Title VD

Name FEIT, BETTY

Address 10334 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: NORMAN COOPERSMITH

**PRESIDENT** 

03/19/2013