

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24680

Entity Name: CLAIRMONT CONDOMINIUM C ASSOCIATION, INC.**Current Principal Place of Business:**

C/O JUDA,ESKEW & ASSOCIATES, P.A.
8211 WEST BROWARD BLVD STE PH1
PLANTATION, FL 33324

Current Mailing Address:

C/O JUDA, ESKEW & ASSOCIATES, P.A.
8211 WEST BROWARD BLVD STE PH1
PLANTATION, FL 33324 US

FEI Number: 65-0021721**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

01/20/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name SHUMSKER, PEARL
Address 10575 E CLAIRMONT CIRCLE
City-State-Zip: TAMARAC FL 33321

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

Title VP
Name QUINONES, PETER
Address 10585 E CLAIRMONT CIRCLE
City-State-Zip: TAMARAC FL 33321

Title SECRETARY
Name SCHWARTZ, NANCY
Address 10573 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

01/20/2017

Electronic Signature of Signing Officer/Director Detail

Date