

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26648

**FILED  
Apr 10, 2023  
Secretary of State  
5064301578CC**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 65-0051904

**Certificate of Status Desired:** No

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

CABRERA, ALFONSO  
10606 W. 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:** CABRERA ALFONSO

04/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name NUSSBAUM, ARLENE  
Address 10660 W. CLAIRMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321

Title VP  
Name SANGUINTIN, MAXIMO  
Address 10670 W CLAIRMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321

Title TREASURER  
Name SCHIRRIPA, BRUNO  
Address 10604 W. CLAIRMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321

Title PRESIDENT  
Name CABRERA, ALFONSO  
Address 10606 W. CLAIRMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR  
Name SHAPIRO, JOYCE  
Address 10656 W. 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:** ALFONSO CABRERA

**PRESIDENT**

04/10/2023

Electronic Signature of Signing Officer/Director Detail

Date