

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26648

**FILED  
Mar 08, 2016  
Secretary of State  
CC5960337850**

**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:**

CARRADIN, DON  
10642 W. CLAIRMONT CIR  
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: DON CARRADIN**

**03/08/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name BROMBERG, MARVIN  
Address 10624 W CLAIRMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321

Title VD  
Name SAPORTA, JUDY  
Address 10608 W CLAIRMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321

Title TREASURER  
Name FLISSER, ESTELLE  
Address 10654 W CLAIRMONT CIR  
City-State-Zip: TAMARAC FL 33321

Title PRESIDENT  
Name CARRADIN, DON  
Address 10642 W CLAIRMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR  
Name LUBER, JAMES  
Address 10664 WEST 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: DON CARRADIN**

**PRESIDENT**

**03/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date