

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27747

**FILED  
Jan 20, 2015  
Secretary of State  
CC1733697329**

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

**Current Principal Place of Business:**

C/O JUDA, ESKEW & ASSOCIATES, P.A.  
8211 W. BROWARD BLVD. PH. 1  
PLANTATION, FL 33324

**Current Mailing Address:**

C/O JUDA, ESKEW & ASSOCIATES , P.A.  
8211 W. BROWARD BLVD. PH. 1  
PLANTATION, FL 33324 US

**FEI Number: 65-0071840**

**Certificate of Status Desired: No**

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

ZUCKERMAN, SAM  
10701 WEST 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 VP  
Name PATCHEN, STEVEN  
Address 10689 W. CLAIRMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321

Title SECRETARY, TREASURER  
Name DENNI, DIANE  
Address 10687 W CLAIRMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR  
Name ZUCKERMAN, SAM  
Address 10701 W. CLAIRMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321

Title PRESIDENT  
Name ODDO, PAUL  
Address 10677 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: SAM ZUCKERMAN**

**PRESIDENT**

**01/20/2015**

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

\_\_\_\_\_  
Date