

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32153

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

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**7696663979CC**

**Current Principal Place of Business:**

JUDA, ESKEW & ASSOCIATES, PA  
8211 W BROWARD BLVD., SUITE PH 1  
PLANTATION, FL 33324

**Current Mailing Address:**

JUDA, ESKEW & ASSOCIATES, PA  
8211 W BROWARD BLVD., SUITE PH 1  
PLANTATION, FL 33324 US

**FEI Number: 65-0138506**

**Certificate of Status Desired: No**

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

TABICMAN, ROY  
10941 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: ROY TABICMAN**

**04/29/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name TABICMAN, ROY  
Address 10941 W CLAIRMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321

Title VP  
Name KALINSKY, JOSEPH  
Address 10931 W CLAIRMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321

Title T  
Name JASPAN, DAVID  
Address 10935 W CLAIRMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321

Title S  
Name STERN, MARION  
Address 10959 W CLAIRMONT CIRCLE  
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR  
Name OAMAN, CATHY  
Address 10957 W. CLAIRMONT CIR  
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: ROY TABICMAN**

**PRESIDENT**

**04/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date