

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

DOCUMENT# N44640

**Entity Name:** CLAREMONT MONTESSORI CENTER, INC.**Current Principal Place of Business:**2450 NW 5TH AVE.  
BOCA RATON, FL 33431**Current Mailing Address:**2450 NW 5TH AVE.  
BOCA RATON, FL 33431 US**FEI Number: 54-1387413****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**HALLENBERG, HARVEY R  
8858 GEORGETOWN LANE  
BOYNTON BEACH, FL 33472 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	PD
Name	HALLENBERG, NANCY L DR.
Address	8858 GEORGETOWN LANE
City-State-Zip:	BOYNTON BEACH FL 33472

Title	VSD
Name	HALLENBERG, HARVEY R
Address	8858 GEORGETOWN LANE
City-State-Zip:	BOYNTON BEACH FL 33472

Title	BM
Name	BERTELLI, JUDI
Address	4801 NE 16TH AVENUE
City-State-Zip:	FORT LAUDERDALE FL 33334

Title	BM
Name	LEMON, JANE C
Address	325 N. COTTONWOOD DRIVE
City-State-Zip:	GILBERT AZ 85234

Title	BM
Name	WILLIAMS, ROBERT
Address	4612 NEWCOMB PLACE
City-State-Zip:	ALEXANDRIA VA 22304

Title	TD
Name	ANNUNZIATA, JOSEPH
Address	3132 WYNFORD DRIVE
City-State-Zip:	FAIRFAX VA 22031

*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: HARVEY R. HALLENBERG****SECRETARY OF THE  
BOARD****01/27/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date