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Mar 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758997 (1)

1. Corporation Name

CLAREMONT LANE CONDOMINIUM, INC.

Principal Place of Business

115 CLAREMONT LANE #3
PALM BCH SHORES FL 33404

Mailing Address

115 CLAREMONT LANE #3
PALM BCH SHORES FL 33404-6250
US



3. Date Incorporated or Qualified
06/30/1981

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2266441

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICHOLAS, OLIVIA
115 CLAREMONT LANE #2
PALM BEACH SHORES FL 33404

81 Name

JACK A. NIELAND

82 Street Address (P.O. Box Number is Not Acceptable)

115 BAMBOO RD, NO 108

83

PALM BEACH SHORES

84

PALM BEACH SHORES FL

85 Zip Code

33404

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

FEB 27, 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
STOIKOFF, WILLIAM
STREET ADDRESS 115 CLAREMONT LANE #4
CITY-ST-ZIP PALM BCH SHORES, FL00000

TITLE ☐ DELETE

NAME T
WALFORD, HARVIE D.
STREET ADDRESS 115 CLAREMONT LANE #3
CITY-ST-ZIP PALM BCH SHORES, FL00000

TITLE ☐ DELETE

NAME VD
ANGELOVSKI, WILLIAM
STREET ADDRESS 115 CLAREMONT LANE #1
CITY-ST-ZIP PALM BCH SHORES FL

TITLE ☒ DELETE

NAME VD
NICHOLAS, OLIVIA
STREET ADDRESS 115 CLAREMONT LANE #2
CITY-ST-ZIP PLAM BCH SHORES FL

TITLE ☐ DELETE

NAME PD
WALFORD, DORICE C.
STREET ADDRESS 115 CLAREMONT LANE #3
CITY-ST-ZIP PLAM BCH SHORES FL

TITLE ☒ DELETE

NAME SD
WALFORD, DORICE C.
STREET ADDRESS 115 CLAREMONT LANE #3
CITY-ST-ZIP PALM BEACH SHORES FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

33404-6250

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

33404-6250

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

33404-6250

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D
JACK A. NIELAND
115 BAMBOO RD, NO 108
PALM BEACH SHORES, FL 33404

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

FL 33404-6250

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
ROBERT LAROSE
115 CLAREMONT LN., NO 2
PALM BEACH SHORES FL 33404-6250

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* HARVIE D. WALFORD 20 JAN 97 561-848-5495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0039989

CR2E037 (9/96)