## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 03 1998 8:00am

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DIVISION OF CORPORATIONS						Secretary of State		
DOCUMENT # 758997 (1)								
CLAREMONT LANE CONDOMINIUM, INC.								
			,					
Principal Plac	e of Business		Mailing Address					
			115 CLAREMONT LANE	<b>#</b> 2				<u> </u>
PALM BCH SHORES FL 33404 PALM BCH SHO							3. Date Incorporated or Qualified 06/30/1981	İ
			U\$				4. FEI Number Applied For	
9 Dringing D	llana of Dunings	<u></u>	2a. Mailing Address				59-2266441 Not Applicable	e
21 Principal P	lace of Busines	38	26 1281 N. OCEAN			ワス	5. Certificate of Status Desired S8.75 Additional Fee Required	
Suite, Apt. #, etc.							6. Election Campaign Financing \$5.00 May Be	ㅓ
	<u> </u>		27 SUITE 139				Trust Fund Contribution	4
[28]						D FZ	7. Is this nonprofit corporation a homeowners association?	
Zip		Country	Zip 33404	30 Cot	intry US	47	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No	
24 25 29 3 3 7 7 30  9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent	-
81 Nar						me		٦
NIELAND, JACK A.					82 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)	┨
115 EAMBOO RD., NO. 108					02			4
PALM BEACH SHORES FL 33404					83			
					84 Cit	7	FL 85 Zip Code	
11. Pursuant	to the provision		ţ					
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 _								.
12.	Signature, typed or p	orinted name of registered agent a OFFICERS AND		13.	a Agent sign	ature required	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	+
TITLE	D		DELETE	1,1 T	TLE		☐ Change ☐ Additio	ī
NAME	STOIKOFF	-		1.2 N	AME			
STREET ADDRESS		EMONT LANE #4		1.3 S	TREET ADDRE	ss		l
CITY-ST-ZIP	PALM BCH	I SHORES, FL00000	Con concentration		ITY-ST-ZIP		The state of the s	إ
TITLE	1	HADVAT D	DELETE	2.1 T		D	☐ Change ☑ Addition	'   '
NAME CZDEET AZODEEC	WALFORD, HARVIE D.  115 CLAREMONT LANE #3				2.2 NAME 2.3 STREET ADDRESS		ZOUNTZOURIS, S. 5 CLAREMONT LAWE #3	
STREET ADORESS CITY-ST-ZIP		SHORES, FL00000			ITY-ST-ZIP		ILM BEACH SHORES, FL	
TITLE	VD		DELETE	3.1 TI		1		ī
NAME	ANGELOVS	SKI, WILLIAM		3.2 N	AME	'		1
STREET ADDRESS		EMONT LANE #1		3.3 S	TREET ADDRE	ss		
CITY-ST-ZIP	PALM BCH	SHORES FL		3.4. 0	ITY-ST-ZIP			_
TITLE	D	1101/1	☐ DELETE	4.1 Ti		5	Change Addition	•
NAME	NIELAND,			4.2 N		]		
STREET ADDRESS		OO RD., #108 CH SHORES FL		- 1	FREET ADDRE	55		
CITY-ST-ZIP TITLE	S S	OIT OHOURS I E	DELETE.	4.4 U	TY-ST-ZIP TLE	-	Change Addition	$\dashv$
NAME	-	DORICE C.		5.2 N				
STREET ADDRESS		MONT LANE #3			TREET ADDRE	ss		
CITY-ST-ZIP		SHORES FL			TY-ST-ZIP		• •	
TITLE	D		DELETE	6.1 71	TLE	7	Change Addition	1
NAME	LAROSE, R			6.2 N	AME			
STREET ADDRESS	115 CLARE	EMONT LANE, #2		6.3 S	TREET ADORE	SS		

14. I 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.