

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90028 038 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758997

1. Corporation Name

CLAREMONT LANE CONDOMINIUM, INC.

Principal Place of Business

115 CLAREMONT LANE #3
APT 2
PALM BCH SHORES FL 33404
US

Mailing Address

1281 N OCEAN DR
STE 139
SINGER ISLAND FL 33404
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

Country

3. Date Incorporated or Qualified

06/30/1981

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

D
NAME TZOUNTZOURIS, S
STREET ADDRESS 115 CLAREMONT LANE #3
CITY-ST-ZIP PALM BCH SHORES, FL00000

TITLE ☐ DELETE

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

TITLE ☐ DELETE

S
NAME NIELAND, JACK A.
STREET ADDRESS 115 BAMBOO RD., #108
CITY-ST-ZIP PALM BEACH SHORES FL

TITLE ☐ DELETE

T
NAME LAROSE, ROBERT
STREET ADDRESS 115 CLAREMONT LANE, #2
CITY-ST-ZIP PALM BEACH SHORES FL

TITLE ☐ DELETE

T
NAME LAROSE, ROBERT
STREET ADDRESS 115 CLAREMONT LANE, #2
CITY-ST-ZIP PALM BEACH SHORES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Robert Larose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: JAN 7, 1999 (561) 848-4163
Daytime Phone #

CR2E037 (11/98)