2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 758997

1. Entity Name
CLAREMONT LANE CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
115 CLAREMONT LANE #5 PALM BEACH SHORES, FL 33404 US	115 CLAREMONT LANE #5 PALM BEACH SHORES, FL 33404 US

01052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2266441
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MALLOZZI, JOSEPH
115 CLAREMONT LANE #5
PALM BEACH SHORES, FL 33404

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MALLOZZI, JOSEPH
STREET ADDRESS	115 CLAREMONT LANE #5
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404
TITLE	T
NAME	MALLOZZI, VALERIE
STREET ADDRESS	115 CLAREMONT LANE #2
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404
TITLE	D
NAME	TZOUNTZOURIS, CHRIS
STREET ADDRESS	115 CLAREMONT LANE #3
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404
TITLE	D
NAME	STOIKOFF, WILLIAM
STREET ADDRESS	115 CLAREMONT LANE #4
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404
TITLE	D
NAME	ANGELOVSKI, MARIAN
STREET ADDRESS	115 CLAREMONT LANE #1
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000780992
01/15/08-80011-016 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Mallozzi 1/6/08 2035217305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #