

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N04274

1. Entity Name
C.L.M. CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
12000 NORTH WEST 29 MANOR
SUNRISE, FL 33323 US

Mailing Address
12000 NORTH WEST 29 MANOR
SUNRISE, FL 33323 US



07142006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0049022

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GARDNER, PAULETTE
12000 NORTHWEST 29TH MANOR
SUNRISE, FL 33323

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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
GARDNER, PAULETTE
12000 NORTH WEST 29TH MANOR
SUNRISE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TODOROV, EVGENI
925 NW 80 TERR
MARGATE, FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEWIS, PATRICK
4141 NORTH WEST 5TH STREET #218
PLANTATION, FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000570736
07/18/06-80008-014 61.25

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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:

Paulette Gardner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/06
Date

Daytime Phone # _____