

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
07 SEP 19 AM 10:46
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08142007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0049022

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600109880325
09/25/07--01017--024 **\$61.25 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Emlyn McDONALD ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Gillian MARTIN ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9/21 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

8/14/07

Date

Daytime Phone #