2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011772

FILED Sep 04, 2007 Secretary of State

Entity Name: CLAREMONT PLACE CONDOMINIUM ASSOCIATION CORPORATION **Current Principal Place of Business: New Principal Place of Business:** 2005 SAN SOUCI BOULEVARD MANAGEMENT OFFICE NORTH MIAMI, FL 33181 **Current Mailing Address: New Mailing Address:** 5153 NW 74 AVENUE 1045 KANE CONCOURSE MIAMI, FL 33166 SUITE #216 BAY HARBOR ISLAND, FL 33154 FFI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RIONDA, MIGUEL LJ SERVICES GROUP 5153 NW 74 AVENUE 1045 KANE CONCOURSE MIAMI, FL 33166 SUITE #216 BAY HARBOR, FL 33154 US 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. SIGNATURE: LINDA JOHNSON 09/04/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete WASERSTEIN, RICHARD RIONDA, MIGUEL Name: Name: 1124 KANE CONCOURSE Address: 2005 SAN SOUCI BLVD Address: City-St-Zip: BAY HARBOR, FL 33154 City-St-Zip: NORTH MIAMI, FL 33181 Title: Title: () Change (X) Addition () Delete Name: Name: BARBOSA, CLAUDIA Address: Address: 2005 SAN SOUCI BLVD #201 City-St-Zip: City-St-Zip: NORTH MIAMI, FL 33181 Title: () Delete Title: () Change (X) Addition DROEUR, DANIEL Name: Name: 2005 SAN SOUCI BLVD #204 Address: Address: City-St-Zip: City-St-Zip: NORTH MIAMI, FL 33181 Title: () Delete Title: SD () Change (X) Addition FIRESTONE, MARYLYN Name: Name: 2005 SAN SOUCI BLVD #303 Address: Address: City-St-Zip: City-St-Zip: NORTH MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL RIONDA PD 09/04/2007