

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011772

FILED
Apr 30, 2009
Secretary of State

Entity Name: CLAREMONT PLACE CONDOMINIUM ASSOCIATION CORPORATION

Current Principal Place of Business:

2005 SAN SOUCI BOULEVARD
MANAGEMENT OFFICE
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

1045 KANE CONCOURSE
SUITE #212
BAY HARBOR ISLAND, FL 33154

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LJ SERVICES GROUP
1045 KANE CONCOURSE
SUITE #212
BAY HARBOR, FL 33154 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIONDA, MIGUEL
Address: 2005 SAN SOUCI BLVD
City-St-Zip: NORTH MIAMI, FL 33181

Title: VPD () Delete
Name: BARBOSA, CLAUDIA
Address: 2005 SAN SOUCI BLVD #201
City-St-Zip: NORTH MIAMI, FL 33181

Title: TD (X) Delete
Name: DROEUR, DANIEL
Address: 2005 SAN SOUCI BLVD #204
City-St-Zip: NORTH MIAMI, FL 33181

Title: SD () Delete
Name: FIRESTONE, MARYLYN
Address: 2005 SAN SOUCI BLVD #303
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINDA JOHNSON

MGR

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date