



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90165 036 ****61.25

DOCUMENT # N21778						
1. Entity Name CLAIRMONT CONDOMINIUM A ASSOCIATION, INC.						
Principal Place of Business 10205-10572 CLAIRMONT CIR TAMARAC, FL 33321 US			Mailing Address C/O GOLDMAN JUDA & MARTIN P.A. 8211 W BROWARD BLVD STE #PH1 5TH FL PLANTATION, FL 33324			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
				02212006	Chg-NP	CR2E037 (11/05)
				4. FEI Number 59-2843223	Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
-6.- Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
KEERY, ROBERT 10568 CLAIRMONT CIRCLE TAMARAC, FL 33321				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City		FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEERY, ROBERT			NAME		
STREET ADDRESS	10568 CLAIRMONT CIRCLE			STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REINHEARDT, MYRNA			NAME		
STREET ADDRESS	10536 E. CLAIRMONT CR			STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHUSTER, LOUISE			NAME		
STREET ADDRESS	10510 CLAIRMONT CIRCLE			STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVINE, AMELIA			NAME		
STREET ADDRESS	10540 E. CLAIRMONT CIRCLE			STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARD, OSTROFF			NAME		
STREET ADDRESS	10502 CLAIRMONT CIRCLE			STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
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: <u>Robert Keery, Pres.</u>				Date: <u>2/24/06</u>		Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #