

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

02-06-2008 90037 041 ****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**

66004088



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-2843223

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

**KEERY, ROBERT
10568 CLAIRMONT CIRCLE
TAMARAC, FL 33321**

7. Name and Address of New Registered Agent

Name **LOUISE SCHUSTER**

Street Address (P.O. Box Number is Not Acceptable)
10510 E. CLAIRMONT CIRCLE

TAMARAC FL

City

FL

Zip Code

33321

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

Louise Schuster - **LOUISE SCHUSTER, PRES.**

03-05-08

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 May 1, 2008**

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **REINHEARDT, MYRNA**
CITY-ST-ZIP **10536 E. CLAIRMONT CR
TAMARAC, FL 33321**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **SCHUSTER, LOUISE**
CITY-ST-ZIP **10510 CLAIRMONT CIRCLE
TAMARAC, FL 33321**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **LEVINE, AMELIA**
CITY-ST-ZIP **10540 E. CLAIRMONT CIRCLE
TAMARAC, FL 33321**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **RICHARD, OSTROFF**
CITY-ST-ZIP **10502 CLAIRMONT CIRCLE
FORT LAUDERDALE, FL 33321**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS **REINHEARDT, MYRNA**
CITY-ST-ZIP **10536 E. CLAIRMONT CIRCLE
TAMARAC, FL 33321**

TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS **SCHUSTER, LOUISE**
CITY-ST-ZIP **10510 E. CLAIRMONT CIRCLE
TAMARAC, FL 33321**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **LEVINE, AMELIA**
CITY-ST-ZIP **10540 E. CLAIRMONT CIRCLE
TAMARAC, FL 33321**

TITLE ☒ Change ☐ Addition
NAME **TD**
STREET ADDRESS **OSTROFF, RICHARD**
CITY-ST-ZIP **10502 E. CLAIRMONT CIRCLE
TAMARAC, FL 33321**

TITLE ☐ Change ☒ Addition
NAME **SD**
STREET ADDRESS **KEERY, RITA**
CITY-ST-ZIP **10568 E. CLAIRMONT CIRCLE
TAMARAC, FL 33321**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Louise Schuster **LOUISE SCHUSTER, PRES.** **03-05-08**

954-721-9649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

NAME: Florida Department of State

2094

DATE: 01/09/08

INVOICE DETAIL

INV. DATE	INVOICE NO.	AMOUNT	DISCOUNT	AMOUNT PAID
01/09/08	2008	61.25	0.00	61.25

PAYMENT DETAIL

TYPE	DATE	CHECK NUMBER	CREDIT MEMO	G/L ACCOUNT	DISC. TAKEN	AMOUNT PAID
Check	01/09/08	2094		1075	0.00	61.25

DISTRIBUTIONS

7560 | N21778 | 61.25

COPY

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FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A TWO-DIMENSIONAL

BACKGROUND AND MICRO-PRINTING IN THE BORDER-THE REVERSE SIDE FEATURES ARTIFICIAL WATERMARKS

2094

Clairmont A Condominium Assoc., Inc.
c/o Goldman, Juda & Martin, PA
8211 W. Broward Blvd. Ste PH1
Plantation, FL 33324-2737

Banco Popular NA
8401 W. Oakland Park Blvd
Sunrise, FL 33351
63-1260/631

Date
01/09/08Amount
\$61.25

Sixty-one And 25/100 Dollars***

PAY TO: Florida Department of State
THE ORDER: Division of Corporations, P.O. Box 6198
OF: Tallahassee, FL 32314

N21778

COPY