2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N21778

Entity Name: CLAIRMONT CONDOMINIUM A ASSOCIATION, INC.

Current Principal Place of Business:

10205-10572 CLAIRMONT CIR
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

C/O GOLDMAN JUDA & MARTIN P.A.
8211 W BROWARD BLVD STE #PH1 5TH FL
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 59-2843223 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHUSTER, LOUISE
10510 E CLAIRMONT CIRCLE
FORT LAUDERDALE, FL 33321 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: VD ( ) Delete
Name: REINHARDT, MYRNA
Address: 10536 E. CLAIRMONT CR
City-St-Zip: TAMARAC, FL 33321

Title: PD ( ) Delete
Name: SCHUSTER, LOUISE
Address: 10510 E CLAIRMONT CIR
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: D ( ) Delete
Name: LEVINE, AMELIA
Address: 10540 E CLAIRMONT CIR
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: TD ( ) Delete
Name: OSTROFF, RICHARD
Address: 10502 E CLAIRMONT CIR
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: SD ( ) Delete
Name: KEERY, RITA
Address: 10568 E CLAIRMONT CIR
City-St-Zip: FORT LAUDERDALE, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: HALPERN, MYRNA
Address: 10536 E. CLAIRMONT CR
City-St-Zip: TAMARAC, FL 33321

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: LOUISE SCHUSTER PD 01/26/2009

Electronic Signature of Signing Officer or Director — Date