

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90089 028 ****61.25

DOCUMENT # N21779

1. Entity Name
CLAIRMONT NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**8211 W. BROWARD BLVD., SUITE PH-1
PLANTATION, FL 33324**

Mailing Address
**8211 W. BROWARD BLVD., SUITE PH-1
PLANTATION, FL 33324**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2843211

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRILL, JACK C.
10720 W. CLAIRMONT CIRCLE
TAMARAC, FL 33321**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BRILL, JACK
STREET ADDRESS 10720 W. CLAIRMONT CIRCLE
CITY-ST-ZIP TAMARAC, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME FLAUZ, BARBARA
STREET ADDRESS 10761 W CLAIRMONT CIRCLE
CITY-ST-ZIP TAMARAC, FL 333217860

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME KATZ, GEORGE
STREET ADDRESS 10848 W CLAIRMONT CIRCLE
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME LILLY WEINSTEIN
STREET ADDRESS 10889 W CLAIRMONT CIR
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP



Steven Jacobs
10699 W Clairmont Cir.
Tamarac, FL 33321-7852

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07

Date

Daytime Phone #

(561) 720-4931