


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90043 035 ****61.25

DOCUMENT # N22190 1. Entity Name CLAIRMONT CONDOMINIUM B ASSOCIATION, INC.					
Principal Place of Business 10438 E. CLAIRMONT CIRCLE TAMARC, FL US			Mailing Address 8211 W. BROWARD BLVD. SUITE PH-1, 6TH FLOOR PLANTATION, FL 33025 US		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KANTER, RUTH S 10438 E CLAIRMONT CIR TAMARAC, FL 33321				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	KANTER, RUTH		NAME	<i>President Ruth S. Kanter 10438 E. Clairmont Circle Tamarac, FL 33321</i>	
STREET ADDRESS	10438 E CLAIRMONT		STREET ADDRESS		
CITY - ST - ZIP	TAMARAC, FL 33321		CITY - ST - ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLEDER, GLADYS		NAME	Same	
STREET ADDRESS	10428 E CLAIRMONT CIR		STREET ADDRESS		
CITY - ST - ZIP	TAMARAC, FL 33321		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAVITZ, STANLEY		NAME	Same	
STREET ADDRESS	10466 E CLARMONT CIR.		STREET ADDRESS		
CITY - ST - ZIP	FORT LAUDERDALE, FL 33321		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISS, SALLY		NAME	BOARD MEMBER LARRY A ROSCO 10454 E CLAIRMONT CIRCLE TAMARAC FL 33321	
STREET ADDRESS	10468 E CLARMONT CIR.		STREET ADDRESS		
CITY - ST - ZIP	TAMARAC, FL 33321		CITY - ST - ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDON, RUTH		NAME	BOARD MEMBER ROBERT WEINBERG 10442 E CLAIRMONT CIR TAMARAC FL 33321	
STREET ADDRESS	10450 E CLAIRMONT CIR		STREET ADDRESS		
CITY - ST - ZIP	TAMARACA, 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: <i>Ruth S. Kanter</i> Ruth S. Kanter			1-31-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		