2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State
01-29-2007 90092 035 ****61.25

DOCUMENT # N24680

1. Entity Name
CLAIRMONT CONDOMINIUM C ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O GOLDMAN & JUDA PA 8211 WEST BROWARD BLVD STE OPH1 PLANTATION, FL 33324	C/O GOLDMAN & JUDA PA 8211 WEST BROWARD BLVD STE OPH1 PLANTATION, FL 33324

01222007 Chg-NP CR2E037 (12/06)

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

4. FEI Number 65-0021721 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LYONS, RICHARD 10593 E CLARIMOUNT CIRCLE TAMARAC, FL 33321	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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BROMBERG, CARL 10563 E CLAIRMONT CIR TAMARAC, FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOODMAN, HAROLD 10564 E CLAIRMONT CIRCLE FORT LAUDERDALE, FL 33321 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LYONS, RICHARD 10593 E CLAIRMOUNT CIRCLE TAMARAC, FL 33321 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHUMSKER, PEARL 10575 E. CLAIRMONT CIR TAMARAC, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DANA, RENEE 10591 E. CLAIRMONT CIRCLE TAMARAC, FL. 33321 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAMA, RENEE 10591 E. CLAIRMONT CIRCLE TAMARAC FL 33321 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Richard Lyons, Pres 2/19/07 954-577-9700
(SIGNATURE AND TYPED OR PRINTED NAME OF RECORD OFFICER OR DIRECTOR) (Date) (Daytime Phone #)