


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90027 002 \*\*\*\*61.25

<b>DOCUMENT # N26648</b>					
1. Entity Name <b>CLAIRMONT CONDOMINIUM F ASSOCIATION, INC.</b>					
Principal Place of Business <b>%GOLDMAN &amp; JUDA--SUITE 201 8211 W BROWARD BLVD. STE PH1 PLANTATION, FL 33324</b>			Mailing Address <b>%GOLDMAN &amp; JUDA--SUITE 201 8211 W BROWARD BLVD. STE PH1 PLANTATION, FL 33324</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0051904</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BROMBERG, MARVIN                  10604 W CLAIRMONT CIR                  TAMARAC, FL 33321</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____					
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROMBERG, MARVIN	NAME			
STREET ADDRESS	10624 W CLAIRMONT CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP			
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHLEVIN, ALICE	NAME			
STREET ADDRESS	10604 W CLAIRMONT CIR	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FELLER, MARVIN	NAME			
STREET ADDRESS	10664 W CLAIRMONT CIR	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRIEDMAN, MAX	NAME			
STREET ADDRESS	10620 W CLAIRMONT CIR	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, 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			
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 exemption stated in Section 119.07(3)(i), 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>Max Friedman</i>			Date: <i>2/17/05</i> 954-720-1728		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

**50017549**



02102005 Chg-NP CR2E037 (10/03)