


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90013 019 ****61.25

DOCUMENT # N26648

1. Entity Name
CLAIRMONT CONDOMINIUM F ASSOCIATION, INC.



Principal Place of Business
 %GOLDMAN & JUDA--SUITE 201
 8211 W BROWARD BLVD. STE PH1
 PLANTATION, FL 33324

Mailing Address
 %GOLDMAN & JUDA--SUITE 201
 8211 W BROWARD BLVD. STE PH1
 PLANTATION, FL 33324

40014300



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01152008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
65-0051904

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BROMBERG, MARVIN
10604 W CLAIRMONT CIR
TAMARAC, FL 33321

7. Name and Address of New Registered Agent
 Name **MAX FRIEDMAN**
 Street Address (P.O. Box Number is Not Acceptable)
10620 W. CLAIRMONT CIR.
 City **TAMARAC** FL Zip Code **33321**

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 *Max Friedman* MAX FRIEDMAN/PRESIDENT 01/25/08
 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, 2008

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROMBERG, MARVIN 10624 W CLAIRMONT CIRCLE TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHLEVIN, ALICE 10604 W CLAIRMONT CIR FORT LAUDERDALE, FL 33321 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUBIN, MELVIN 10608 W CLAIRMONT CIRCLE TAMARAC, FL 33321 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRIEDMAN, MAX 10620 W CLAIRMONT CIR FORT LAUDERDALE, FL 33321 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNZ, ELI 10642 W CLAIRMONT CIRCLE TAMARAC, FL 33321 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Max Friedman* PRESIDENT MAX FRIEDMAN 01/25/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #