

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 15, 2010
Secretary of State**

DOCUMENT# N26648

Entity Name: CLAIRMONT CONDOMINIUM F ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0051904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN, MAX
10620 W. CLAIRMONT CIR
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: FRIEDMAN, MAX
Address: 10620 W CLAIRMONT CIRCLE
City-St-Zip: TAMARAC, FL 33321

Title: DT
Name: SHLEVIN, ALICE
Address: 10604 W CLAIRMONT CIR
City-St-Zip: TAMARAC, FL 33321

Title: V
Name: RUBIN, MELVIN
Address: 10608 W CLAIRMONT CIRCLE
City-St-Zip: TAMARAC, FL 33321

Title: S
Name: ABELSON, PHYLISS
Address: 10626 W CLAIRMONT CIR
City-St-Zip: TAMARAC, FL 33321

Title: D
Name: BROMBERG, MARVIN
Address: 10624 W CLAIRMONT CIRCLE
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MAX FRIEDMAN

PD

01/15/2010

Electronic Signature of Signing Officer or Director

Date