


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90049 024 ****61.25

DOCUMENT # N27747 1. Entity Name CLAIRMONT CONDOMINIUM J ASSOCIATION, INC.					
Principal Place of Business C/O GOLDMAN, JUDA & MARTIN, P.A. 8211 W. BROWARD BLVD. PH. 1 PLANTATION, FL 33324			Mailing Address C/O GOLDMAN, JUDA & MARTIN, P.A. 8211 W. BROWARD BLVD. PH. 1 PLANTATION, FL 33324		
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		
JUDA, KIMBERLY A CPA 8211 W. BROWARD BLVD STE PH-1 FORT LAUDERDALE, FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	D	<input checked="" type="checkbox"/> Delete	TITLE	<div style="border: 1px solid black; padding: 2px;"> Diane Derr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8687 W Clairmont Circle Tamarac FL 33321 </div>	
NAME	HIRSH, HEBERT		NAME		
STREET ADDRESS	10685 W. CLAIRMONT CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		
NAME	SAMPSON, HARVEY		NAME		
STREET ADDRESS	10671 W. CLAIRMONT CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		
NAME	GLASSER, HAROLD		NAME		
STREET ADDRESS	10642 CLAIRMONT CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		
NAME	JACOBS, STEVEN W		NAME		
STREET ADDRESS	10633 W. CLAIRMONT CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		
NAME	CENTORE, ANTHONY		NAME		
STREET ADDRESS	10713 W CLAIRMONT CIR		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
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>Steven Jacobs</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>President 954 718 7138</i> <small>Date Daytime Phone #</small>		