

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90007 016 ****61.25

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DOCUMENT # N28347 1. Entity Name CLAIRMONT CONDOMINIUM H ASSOCIATION, INC.					
Principal Place of Business %GOLDMAN, JUDA & MARTIN 8211 W. BROWARD BLVD. STE. PH2 PLANTATION, FL 33324 US			Mailing Address %GOLDMAN, JUDA & MARTIN 8211 W. BROWARD BLVD. STE. PH2 PLANTATION, FL 33324 US		
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 65-0071839				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDSTEIN ELANOR 10629 W CLAIRMONT CIR TAMARAC, FL 33321			7. Name and Address of New Registered Agent 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, 2007		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	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDSTEIN, ELEANOR		NAME		
STREET ADDRESS	10629 W CLAIRMONT		STREET ADDRESS		
CITY- ST- ZIP	TAMARAC, FL 33321		CITY- ST- ZIP		
TITLE	SD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINER, KALIE		NAME		
STREET ADDRESS	10607 W CLAIRMONT CIR		STREET ADDRESS		
CITY- ST- ZIP	TAMARAC, FL 33321		CITY- ST- ZIP		
TITLE	V		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTORA, ROSE		NAME		
STREET ADDRESS	10663 W CLAIRMONT CIR		STREET ADDRESS		
CITY- ST- ZIP	TAMARAC, FL 33321		CITY- ST- ZIP		
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FIELDS, SUE		NAME		
STREET ADDRESS	10665 W. CLAIRMONT CIR.		STREET ADDRESS		
CITY- ST- ZIP	TAMARAC, FL 33321		CITY- ST- ZIP		
TITLE	BM		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEARSON, HENRY		NAME		
STREET ADDRESS	10625 W. CLAIRMONT CIR.		STREET ADDRESS		
CITY- ST- ZIP	TAMARAC, 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		
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: <u>Eleanor Goldstein Pres</u> <u>2/6/07</u> <u>(954) 722-8646</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					