

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90026 031 ****61.25

DOCUMENT # N30230

1. Entity Name
CLAIRMONT CONDOMINIUM G ASSOCIATION, INC.



Principal Place of Business
**C/O JACK BRILL
10720 W. CLAIRMONT CIR
TAMARAC, FL 33321**

Mailing Address
**C/O JACK BRILL
10720 W. CLAIRMONT CIR
TAMARAC, FL 33321**

400088004



DO NOT WRITE IN THIS SPACE

01092008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-0092304

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRILL, JACK
10720 W CLAIRMONT CIR
TAMARAC, FL 33321**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRILL, JACK
STREET ADDRESS	10720 W. CLAIRMONT CIR
CITY-ST-ZIP	TAMARAC, FL
TITLE	TD
NAME	SCHLIEFER, ESTY
STREET ADDRESS	10732 W. CLAIRMONT CIRCLE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D
NAME	SCHNUR, LOUIS
STREET ADDRESS	10718 W CLAIRMONT CIR
CITY-ST-ZIP	TAMARAC, FL
TITLE	VPD
NAME	COHEN, GEORGE
STREET ADDRESS	10744 W. CLAIRMONT CIR
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	SD
NAME	TABAKIN, GIL
STREET ADDRESS	10730 W. CLAIRMONT CIRCLE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

PAID

JAN - 9 2008

#2007

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IN THIS SPACE**

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 empowerment.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/18/08 (954) 720-4931