

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32150 (7)
 1. Corporation Name
CLAIRMONT CONDOMINIUM I ASSOCIATION, INC

Principal Place of Business Mailing Address
**410 R. POMERANTZ
 10819 W. CLAIRMONT CIRCLE
 TAMARAC FLA 33321**

2. Principal Place of Business	2a. Mailing Address
21 GOLDMAN & JUDA	26 GOLDMAN & JUDA
State, Apt. #, etc. #201	State, Apt. #, etc. #201
22 7771 W. OAKLAND PARK	27 7771 W. OAKLAND PK BLVD
City & State	City & State
23 SUNRISE, FLA	28 SUNRISE, FLA
Zip Country	Zip Country
24 33351 USA	29 33351 USA

3. Date Incorporated or Qualified 5-8-89	3a. Date of Last Report 4-5-95
4. FEI Number 65-0135393	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**RONALD POMERANTZ
 10819 W. CLAIRMONT CIRCLE
 TAMARAC FL 33321**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
 SIGNATURE: **RONALD POMERANTZ** *Ronald Pomerantz* DATE: **3/11/96**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	EDITH UHR	10829 W. CLAIRMONT CIR.	TAMARAC FL 33321	
	CYNTHIA WIETZ	10831 W. CLAIRMONT CIR	TAMARAC FL 33321	
	RONALD POMERANTZ	10819 W. CLAIRMONT CIR.		
	MIRIAM SPECTOR	10839 W. CLAIRMONT CIR.		
	IRENE VEGODA	10807 W. CLAIRMONT CIR.		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
 SIGNATURE: **RONALD POMERANTZ** *Ronald Pomerantz* DATE: **3/11/96** Daytime Phone #: **954-722-3124**

CR2E037 (12/95) 03-30-1996