

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>GOLDMAN &amp; JUDA 7771 W. OAKLAND PK BLVD. #201 SUNRISE FL 33351</b>	Mailing Address <b>GOLDMAN &amp; JUDA 7771 W. OAKLAND PK BLVD. #201 SUNRISE FL 33351-6787</b>
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3. Date Incorporated or Qualified <b>05/08/1989</b>	3a. Date of Last Report <b>03/30/1996</b>
4. FEI Number <b>65-0135393</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**POMERANTZ, RONALD**  
**10819 W CLAIRMONT CIR 10819**  
**TAMARC FL 33321**

**1104**

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 617.0503 and 617.0504, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input checked="" type="checkbox"/>
NAME	<b>UHR, EDITH</b>	
STREET ADDRESS	<b>10829 W. CLAIRMONT CIRCLE</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/>
NAME	<b>WIETZ, CYNTHIA</b>	
STREET ADDRESS	<b>10819 W. CLAIRMONT CIR.</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/>
NAME	<b>SPECTOR, MIRIAM</b>	
STREET ADDRESS	<b>10839 W CLAIRMONT CIR</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/>
NAME	<b>VEGODA, IRENEA</b>	
STREET ADDRESS	<b>10807 W CLAIRMONT CR</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/>
NAME	<b>SIANI, LOUIS</b>	
STREET ADDRESS	<b>10833 W CLAIRMONT CIR</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>IRVING GREENBERG</b>		
1.3 STREET ADDRESS	<b>10859 W. CLAIRMONT CIR.</b>		
1.4 CITY-ST-ZIP	<b>TAMARAC FL</b>		
2.1 TITLE	<b>VPD LARRY WOLFSON</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>10861 W. CLAIRMONT CIR.</b>		
2.3 STREET ADDRESS	<b>TAMARAC FL</b>		
2.4 CITY-ST-ZIP			
3.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>ELAINE ROSEN</b>		
3.3 STREET ADDRESS	<b>10821 W. CLAIRMONT CIR.</b>		
3.4 CITY-ST-ZIP	<b>TAMARAC FL</b>		
4.1 TITLE	<b>VPD CHARLES WEGWEISER</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<b>10865 W. CLAIRMONT CIR.</b>		
4.3 STREET ADDRESS	<b>TAMARAC FL</b>		
4.4 CITY-ST-ZIP			
5.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<b>RONALD POMERANTZ</b>		
5.3 STREET ADDRESS	<b>10819 W. CLAIRMONT CIR.</b>		
5.4 CITY-ST-ZIP	<b>TAMARAC FL</b>		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	<b>200002118712</b>		
6.3 STREET ADDRESS	<b>-03/20/97--01012--036</b>		
6.4 CITY-ST-ZIP	<b>***61.25</b>		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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) **3/10/97**  
**TREASURER**

CR2E037 (9/96)