FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N32150

1. Corporation Name

FILED Feb 27, 1999 8:00 am § Secretary of State

02-27-1999 90076 035 ****61.25

CLAIRMONT CONDOMINIUM I ASSOCIATION, INC.						***************************************					
Principal Place of Business Mailing Address								• .			
GOLDMAN & JUDA GOLDMAN & JUDA					ŀ	1188011	1 111 (111 (111 (111 (111 (111 (111 (1	Berlin berlin berlin bilber b		A CONTRACTOR	
7771 W. OAKLAND PK BLVD. #201 7771 W. OAKLAND PK BLVD											
SUNRISE FL 33351 SUNRISE FL 33351					ļ			ilakı bilil beli bibil b	ING REPLIETEN DIE	}	
					1			•			
2 Deinainal Di			3	3. Date Incorporated or Qualifed							
2. Principal Place of Business 2a. Mailing Address 2b. 2a. Mailing Address 2b. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c						05/08/1989					
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						4. FEI Number				Applied For	
22 27						65-0135393			. Not Applicable		
City & State City & State						5 Contifered of Status Desired				\$8.75 Additional	
23		28	в			5. Certifcate of Status Desired				quired	
Zip Country Zip			Country			6. Election Campaign Financing \$5.00 May Be					
24	25 29 30					Trust Fund Contribution Added to Fees					
	9. Name and Address of Currer	nt Registered Agent				0. Name and	d Address of	New Registered	Agent		
			81	Name							
POMERANTZ, RONALD				Street	Address	(P.O. Box Nu	mber is Not	Acceptable)			
10819 W CLAIRMONT CIR			_						-		
TAMARC FL 33321			83								
			84	City			•	FI	85 Zip C	ode	
				<u> </u>					-	intornd	
office or n	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	orized by	the corpo	oration's I	board of dire	ctors. I hereb	y accept the appo	pintment as reg	jistered	
	m lamillar with, and accept the bongs	moris of, occupit of 7.0005, 1 long	a oldioloo	•						. (
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Ager	nt signature r	required wher			DATE			
12.	OFFICERS AN	ND DIRECTORS	13.					TO OFFICERS A			
TITLE	PD	DELETE	1,1 TITLE	ρ_D	SHI	el Don	I STA	EIN RMONT	☐ Change	☐ Addition	
NAME	GREENBERG, IRVING	·	1.2 NAME		108	713 W	', C4A1	R.MONT	- CIK		
STREET ADDRESS	10000 V. CD MINOTH SIL		1.3 STREET	13 STREET ADDRESS		TAMARAC FL			,	•'	
CITY-ST-ZIP				T-ZiP	17				□ Addition		
TITLE	VPD	☐ DELETE	2.1 TITLE						☐ Change	Addition	
NAME	WOOLFSON, LARRY	2.2 N		2.2 NAME							
STREET ADDRESS	10001 W. CLAIMINGTO CHI.			FADDRESS	1	•					
CITY-ST-ZIP	TAMARAC FL				1				Change	Addition	
TITLE	SD	☐ DELÉTE 3.1 T							□ change		
NAME	ROSEN, ELAINE										
STREET ADDRESS	10821 W. CLAIRMONT CIR.		3.3 STREE		·				-	ļ	
CITY-ST-ZIP	TAMARAC FL	X DELETE	3.4. CITY- S 4.1 TITLE	ST-ZIP	 				☐ Change	Addition	
TITLE	VPD	DELETE									
NAME	WEGWEISER, CHARLES		4. 2 NAME	T ADDRESS					• .		
STREET ADDRESS	10865 W. CLAIRMONT CIR.				`l			,	·		
CITY-ST-ZIP	TAMARAC FL	☐ DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP	1				Change	Addition	
TITLE	DOMEDANTZ DOMALD		5.1 IIILE 5.2 NAME								
NAME	POMERANTZ, RONALD			T ADDRESS	;			-			
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5.4 CITY-S		1						
CITY-ST-ZIP	TAMARAC FL		6.1 TITLE		1				☐ Change	Addition	
NAME			6.2 NAME					-	-		
NAME			6.3 STREE	T ADDRESS							

14. I 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 suppliemental 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS