

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90049 038 \*\*\*\*61.25

**DOCUMENT # N32150**

1. Entity Name

**CLAIRMONT CONDOMINIUM I ASSOCIATION, INC.**

Principal Place of Business

~~GOLDMAN & JUDA  
 7771 W OAKLAND PK BLVD. #201  
 SUNRISE FL 33351~~

Mailing Address

~~GOLDMAN & JUDA  
 7771 W OAKLAND PK BLVD. #201  
 SUNRISE FL 33351-6796~~

2. Principal Place of Business

3. Mailing Address

**GOLDMAN, JUDA & MARTIN, P.A.  
 8211 WEST BROWARD BLVD.  
 SUITE #PH1 - FIFTH FLOOR  
 PLANTATION, FL 33324**



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

**65-0135393**

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **STEIN, SHELDON**  
 STREET ADDRESS **10813 W CLAIRMONT CIR**  
 CITY-ST-ZIP **TAMARAC FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **WOOLFSON, LARRY**  
 STREET ADDRESS **10861 W. CLAIRMONT CIR.**  
 CITY-ST-ZIP **TAMARAC FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **ROSEN, ELAINE**  
 STREET ADDRESS **10821 W. CLAIRMONT CIR.**  
 CITY-ST-ZIP **TAMARAC FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **POMERANTZ, RONALD**  
 STREET ADDRESS **10819 W. CLAIRMONT CIR.**  
 CITY-ST-ZIP **TAMARAC FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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:

**SIG Ronald Pomerantz**

**2/11/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)