2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N32150°

FILED Jan 25, 2005 8:00 am Secretary of State

01-25-2005 90046 050 ****61.25

1. Entity Name CLAIRMONT CONDOMINIUM I ASSOCIATION, INC.									
Principal Place of Business GOLDMAN JUDA & MARTIN PA 8211 WEST BROWARD BLVD STE PH1 5TH FL PLANTATION, FL 33324 Mailing Address GOLDMAN JUDA & MARTIN 8211 WEST BROWARD BLV PLANTATION, FL 33324					TE PH1 5TH FL	40006251			
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01042005 Cr	ng-NP CR2E037	7 (10/03)	
City & State			City & State			4. FEI Number Applied For Not Applied big			
Zip Country		Zip Cau		untry	5. Certificate of Status Desired See Required Fee Required			litional d	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
POMERANTZ, RONALD					Name	<u> </u>	·		
10819 W C TAMARC,	NT CIR		Street Address		(P.O. Box Number is f	Not Acceptable)			
					City		FL	Zip Code	.
8 The above	named entit	ty submits this statement for	the purpose of changing its	register	ed office or registe	ered agent, or both, in		ımiliar with,	and accept
		tered agent.			-				·
SIGNATURE .	Signatura, types	d or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	ed Agent signature require	d when reinstating)	DATE	-	
	Filina Fe	ee is \$61.25	9. Election Car	mpaign f	Financing		Make check		
		ee is \$61.25 May 1, 2005				\$5.00 May Be Added to Fees	Make check Florida Departi		
10.	Due by f		9. Election Cal Trust Fund	Contribut	tion.	\$5.00 May Be Added to Fees	Florida Depart	ment of St ECTORS IN	ate 10
TITLE	Due by f	OFFICERS AND DIR	9. Election Ca Trust Fund (Contribut 11.	tion.	\$5.00 May Be Added to Fees	Florida Depart	ment of St	ate
·	VPD ISEAR, M	May 1, 2005	9. Election Cal Trust Fund	11.	tion.	\$5.00 May Be Added to Fees	Florida Depart	ment of St ECTORS IN	ate 10
TITLE NAME	VPD ISEAR, M	OFFICERS AND DIR AICHELLE CLAIRMONT CIR	9. Election Cal Trust Fund	11. TITL NAM STR	tion.	\$5.00 May Be Added to Fees	Florida Depart	ment of St ECTORS IN	ate 10
TITLE NAME STREET ADDRESS	VPD ISEAR, M 10841 W TAMARA	OFFICERS AND DIR MICHELLE CLAIRMONT CIR C, FL	9. Election Cal Trust Fund	11. TITL NAM STRI CITY	E AE EET ADDRESS (-ST-ZIP	\$5.00 May Be Added to Fees	Florida Departi	ment of St ECTORS IN	ate 10
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	VPD ISEAR, M 10841 W TAMARA SD ROSEN,	OFFICERS AND DIR MICHELLE CLAIRMONT CIR C, FL ELAINE	9. Election Cal Trust Fund I	11. TITL NAM STR: CITY TITL NAM	E AE EET ADDRESS (-ST-ZIP	\$5.00 May Be Added to Fees	Florida Departi	ment of St ECTORS IN	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VPD ISEAR, M 10841 W TAMARA SD ROSEN, 10821 W	OFFICERS AND DIR MICHELLE CLAIRMONT CIR C, FL ELAINE CLAIRMONT CIR.	9. Election Cal Trust Fund I	11. TITL NAM STR. CITY TITL NAM STR. STR. STR. STR.	E AE EET ADDRESS (-ST-ZIP	\$5.00 May Be Added to Fees	Florida Departi	ment of St ECTORS IN	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VPD ISEAR, M 10841 W TAMARA SD ROSEN,	OFFICERS AND DIR MICHELLE CLAIRMONT CIR C, FL ELAINE CLAIRMONT CIR.	9. Election Cal Trust Fund I	11. TITL NAM STR. CITY TITL NAM STR. STR. STR. STR.	E AE EET ADDRESS (-ST-ZIP EET ADDRESS (-ST-ZIP)	\$5.00 May Be Added to Fees	Florida Departi	ment of St ECTORS IN	10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS	VPD ISEAR, M 10841 W TAMARA SD ROSEN, 10821 W TAMARA TD POMERA 10819 W	OFFICERS AND DIR MICHELLE CLAIRMONT CIR C, FL ELAINE . CLAIRMONT CIR. C, FL ANTZ, RONALD . CLAIRMONT CIR.	9. Election Cal Trust Fund (ECTORS Delete	Contribution 11. ITTL NAM STR CITY TITL NAM STR CITY TITL NAM STR TITL NAM STR STR	E AE EET ADDRESS (-ST-ZIP E	\$5.00 May Be Added to Fees	Florida Departi	ment of St ECTORS IN Change Change	10 Addition Addition
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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 attactment with an address, with all other tike empowered.

CITY-ST-ZIP

SIGNATURE: /

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-05 9547

954 722 3124

Daytime Phone #