


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90058 003 \*\*\*\*61.25

**DOCUMENT # N32150**

1. Entity Name  
**CLAIRMONT CONDOMINIUM 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 PA  
 8211 WEST BROWARD BLVD STE PH1 5TH FL  
 PLANTATION, FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

400-



02212006 Chg-NP CR2E037 (11/05) -

4. FEI Number  
**65-0135393**

Applied For  
 Not Applicable

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  
 TAMARC, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**VPD  
 ISEAR, MICHELLE  
 10841 W CLAIRMONT CIR  
 TAMARAC, FL**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**VPD  
 ROBBIE DRESSNER  
 10847 W. CLAIRMONT CIR.  
 TAMARAC, FL 33321**

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**SD  
 ROSEN, ELAINE  
 10821 W. CLAIRMONT CIR.  
 TAMARAC, FL**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**TD  
 POMERANTZ, RONALD  
 10819 W. CLAIRMONT CIR.  
 TAMARAC, FL**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**P  
 SELTZER, KEN  
 10839 W. CLAIRMONT CIR.  
 FORT LAUDERDALE, FL 33321**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**P POMERANTZ, SHEILA  
 10819 W. CLAIRMONT CIR.  
 TAMARAC, FL 33321**

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**VD  
 WEGWEISER, CHARLES  
 10865 W CLAIRMONT CIR  
 TAMARAC, FL**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ronald Pomerantz **RONALD POMERANTZ** 2/25/06 954-722-3124  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #