


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90034 049 ****61.25

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DOCUMENT # N32150					
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 PA 8211 WEST BROWARD BLVD STE PH1 5TH FL PLANTATION, FL 33324		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0135393	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESSNER, ROBBI		NAME	KEN SELTZER	
STREET ADDRESS	10847 W CLAIRMONT CIR		STREET ADDRESS	10839 W CLAIRMONT CIR.	
CITY- ST- ZIP	TAMARAC, FL 33321		CITY- ST- ZIP	TAMARAC, FL 33331	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, ELAINE		NAME	MARLENE BREIMAN	
STREET ADDRESS	10821 W. CLAIRMONT CIR.		STREET ADDRESS	10811 W. CLAIRMONT CIR.	
CITY- ST- ZIP	TAMARAC, FL		CITY- ST- ZIP	TAMARAC, FL 33321	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMERANTZ, RONALD		NAME		
STREET ADDRESS	10819 W. CLAIRMONT CIR.		STREET ADDRESS		
CITY- ST- ZIP	TAMARAC, FL		CITY- ST- ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMERANTZ, SHEILA		NAME		
STREET ADDRESS	10819 W CLAIRMONT CIR		STREET ADDRESS		
CITY- ST- ZIP	TAMARAC, FL 33321		CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEGWEISER, CHARLES		NAME		
STREET ADDRESS	10865 W CLAIRMONT CIR		STREET ADDRESS		
CITY- ST- ZIP	TAMARAC, FL		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: <i>Ronald Pomerantz</i>			TAMARC, FL 33321		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1/24/07 Daytime Phone #: 9547223124		