


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

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



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0135393	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent POMERANTZ, RONALD 10819 W CLAIRMONT CIR TAMARC, FL 33321	DO NOT WRITE IN THIS SPACE
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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, 2008**

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

000000787390
01/17/08-80090-006 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SELTZER, KEN 10839 W CLAIRMONT CR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BREIMAN, MARLENE 10811 W CLAIRMONT CR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POMERANTZ, RONALD 10819 W. CLAIRMONT CIR. TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POMERANTZ, SHEILA 10819 W CLAIRMONT CIR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEGWEISER, CHARLES 10865 W CLAIRMONT CIR TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 TREAS. 1/10/08 954 722 3124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #