## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N32150

1. Entity Name

Principal Place of Business

PLANTATION FL 33324

Suite, Apt. #, etc.

City & State

GOLDMAN JUDA & MARTIN PA

2. Principal Place of Business

## CLAIRMONT CONDOMINIUM I ASSOCIATION, INC.



Mailing Address GOLDMAN JUDA & MARTIN PA

8211 WEST BROWARD BLVD STE PH1 5TH FL 8211 WEST BROWARD BLVD STE PHI 5TH FL PLANTATION FL 33324

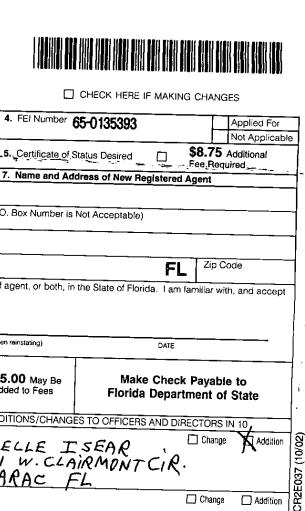
3. Mailing Address

City & State

Suite, Apt. #, etc.

## **FILED** Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90184 013 \*\*\*\*61.25



	6. Name and Address of Current Registe	L		<u>oute or</u> otal	-	Fee Requi	red		
POMERANTZ, RONALD 10819 W CLAIRMONT CIR			Name	7. Name and Address of New Registered Agent Name					
			Name						
			Street	Street Address (P.O. Box Number is Not Acceptable)					
TAMARC FL 33321									
			ļ 						
			City		<del>-</del>	- 1 10	FL Zip Co	de	
8. The abo	we named entity submits this statement for the pur pations of registered agent.	pose of changing its	registered office	Or registered agent, or	r both in the	Ct-44 Fl- 14			
are oblig	yations of registered agent.	_	•	a regionarda agam, or	DOM, IT THE	s state of Florida	i. I am familiar with	i, and accept	
CICALATUR									
SIGNATURI	Signature, typed or printed name of registered agent and title if ag	<u> </u>							
	The It ap	iplicable. (NOTE	: Registered Agent sign:	ature required when reinstating	1)		DATE		
	<b></b>			<del></del>					
	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	paign Financing	_ \$5.00 ма	ау Ве	Make	Check Payable	to	
		must Fullu Ct	ontribution,	Added to Fe	ees	Florida [	Department of	State	
10.	OFFICERS AND DIRECTORS	,	11.	ADDITIONS	011111050				
TITLE	VPD	M Delete	TITLE	קסען	CHANGES	TO OFFICERS A	ND DIRECTORS IN	V 10	
NAME	WOOLFSON, LARRY	Λ	NAME	MICHELL	c Ts	EAR	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	10001 11. ODSIRINOITI CIR.	/	STREET ADDRESS	MICHELLE 10841 W.	CLAIR	MONTO	~; p	, ,	
	TAMARAC FL		CITY-ST-ZIP	TAMARAC	· Fi	C. 10147 C	-11.		
TITLE	SD BOSEN, ELANG	☐ Delete	TITLE	77. 1.7.7.7.	- / -	<u> </u>	—————		
NAME STREET ADDRESS	ROSEN, ELAINE		NAME	[			☐ Change	☐ Addition	
CITY-ST-ZIP	10821 W. CLAIRMONT CIR.	re <del>sp</del> arate see	STREET ADDRESS		_				
TITLE	TD TD		CITY-ST-ZIP				<del>-</del> - " <u>-</u>		
NAME	POMERANTZ, RONALD	Delete	TITLE	,			☐ Change	☐ Addition	
STREET ADDRESS	10819 W. CLAIRMONT CIR.		NAME				Onlinge		
CITY-ST-ZIP	TAMARAC FL-		STREET ADDRESS						
TITLE	P	— <u>_</u>	CITY-ST-ZIP		_				
VAME	SELTZER, KEN	☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS	10839 W. CLAIRMONT CIR.		NAME						
CITY-ST-ZIP	FORT LAUDERDALE FL 33321		STREET ADDRESS CITY-ST-ZIP						
ITLE		ZO Dalu		<del>-</del>		<del>.</del>		ĺ	
IAME	CHARLES WEGWEISE 10865 W. CLAIRMON	-A Delete	TITLE NAME				☐ Change	☐ Addition	
TREET ADDRESS	TO W. CLAIRINON	ICIK	STREET ADDRESS					ĺ	
ITY-ST-ZIP	TAMARAC FL VI	ο <i>[</i> )	CITY-ST-ZIP						
TLE		☐ Delete	TITLE			<del></del>	<u>_</u>		
AME			NAME				Change	☐ Addition	
TREET ADDRESS ITY-ST-ZIP			STREET ADDRESS					1	
			CITY-ST-ZIP						
<ul> <li>I nereby c</li> <li>indicated</li> </ul>	ertify that the information supplied with this filing d	oes not qualify for the	exemption state	ed in Section 110 07/01	V:\ <b>-</b>		<del></del>		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: