


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

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

02-27-2006 90058 004 \*\*\*\*61.25

**DOCUMENT # N32154**

1. Entity Name  
**CLAIRMONT CONDOMINIUM O ASSOCIATION, INC.**



Principal Place of Business  
**C/O JACK SMITH**  
**10846 W CLAIRMONT CIRCLE**  
**TAMARAC, FL 33321 US**

Mailing Address  
**C/O GOLDMAN JODA**  
**8211 W BROWARD BLVD SUITE PH-1**  
**FORT LAUDERDALE, FL 33324 US**

40018773



2. Principal Place of Business  
**10807-10860 W CLAIRMONT CIR**

3. Mailing Address  
 Suite, Apt. #, etc.

02212006 Chg-NP CR2E037 (11/05)

City & State  
**TAMARAC FL.**

City & State

4. FEI Number  
**65-0138525**

Applied For  
 Not Applicable

Zip  
**33321**

Country  
**US.**

Zip  
 Country

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

**SMITH, JACK**  
**10846 W CLAIRMONT CIRCLE**  
**TAMARAC, FL 33321**

Name  
**GEORGE KATZ.**

Street Address (P.O. Box Number is Not Acceptable)  
**10848 W CLAIRMONT CIR.**

City  
**TAMARAC**

FL

Zip Code  
**33321**

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 **GEORGE KATZ PRESIDENT** *George Katz* **2/24/06**

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

**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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	ROTH, SIDNEY	10858 W CLAIRMONT CIRCLE	TAMARAC, FL 33321	<input checked="" type="checkbox"/>
VPD	ECKMAN, RUTH	10804 W. CLAIRMONT CIRCLE	TAMARAC, FL 33321	<input checked="" type="checkbox"/>
PD	SMITH, JACK	10846 W. CLAIRMONT CIRCLE	TAMARAC, FL 33321	<input type="checkbox"/>
SD	GOLDNER, STANLEY	10824 W CLAIRMONT CIRCLE	TAMARCA, FL 33321	<input type="checkbox"/>
T	KATZ, GEORGE	10848 W. CLAIRMONT CIR	TAMARAC, FL 33321	<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TD	FINFER, ALAN	10850 W. CLAIRMONT CIR	TAMARAC FL. 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	LILLIAN MAY	10870 W. CLAIRMONT CIR	TAMARAC FL. 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	SMITH, JACK	10846 W. CLAIRMONT CIR.	TAMARAC, FL. 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
PD	George Katz	10848 CLAIRMONT CIR	TAMARAC, FL 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **ALAN FINFER TREASURER** *Alan Finfer* **2/24/06 954-297-4500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #