

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N37856 (4)**

1. Corporation Name
CLAIREMONT VILLAGE, A CONDOMINIUM, INC.



Principal Place of Business: **8405 N.W. 53RD ST. #A102 MIAMI FL 33166**
Mailing Address: **8405 N.W. 53RD ST. #A102 MIAMI FL 33166**

3. Date Incorporated or Qualified: **04/26/1990**
3a. Date of Last Report: **08/14/1995**
4. FEI Number: **65-0266184**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 5050 N.W. 74 Ave.**
22 Suite, Apt. #, etc.
23 City & State: **Miami, Florida**
24 Zip: **33166**
25 Country: **USA**
26 Mailing Address: **26 5050 N.W. 74 Ave.**
27 Suite, Apt. #, etc.
28 City & State: **Miami, Florida**
29 Zip: **33166**
30 Country: **USA**

9. Name and Address of Current Registered Agent: **THE TIMBERLAKE GROUP, INC. 8405 N.W. 53RD ST. #A102 MIAMI FL 33166**
10. Name and Address of New Registered Agent:
81 Name: **The Timberlake Group**
82 Street Address (P.O. Box Number is Not Acceptable): **5050 N.W. 74 Ave.**
83
84 City: **Miami** FL 85 Zip Code: **33166**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **2/22/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: GLOVER, WILLIAM T	1.1 TITLE: PD	NAME: Andrew Steven Vance
STREET ADDRESS: 2050 N.E. 140 ST. #21	CITY-ST-ZIP: N. MIAMI BEACH FL	1.2 NAME: Andrew Steven Vance	1.3 STREET ADDRESS: 2050 N.E. 140 St., #15.
CITY-ST-ZIP: N. MIAMI BEACH FL		1.4 CITY-ST-ZIP: North Miami Beach, FL 33181	
TITLE: VPD	NAME: HAWKINS, HARRY	2.1 TITLE:	NAME:
STREET ADDRESS: 2050 N.E. 140 ST. #14	CITY-ST-ZIP: N. MIAMI BEACH FL	2.2 NAME:	2.3 STREET ADDRESS:
CITY-ST-ZIP: N. MIAMI BEACH FL		2.4 CITY-ST-ZIP:	
TITLE: TD	NAME: ISNAEL, MIRANDA	3.1 TITLE:	NAME:
STREET ADDRESS: 2050 N.E. 140 ST. #11	CITY-ST-ZIP: N. MIAMI BEACH FL	3.2 NAME:	3.3 STREET ADDRESS:
CITY-ST-ZIP: N. MIAMI BEACH FL		3.4 CITY-ST-ZIP:	
TITLE: SD	NAME: FERNANDEZ, ESTHER	4.1 TITLE:	NAME:
STREET ADDRESS: 2050 N.E. 140 ST. #1	CITY-ST-ZIP: N. MIAMI BEACH FL	4.2 NAME:	4.3 STREET ADDRESS:
CITY-ST-ZIP: N. MIAMI BEACH FL		4.4 CITY-ST-ZIP:	
TITLE: SD	NAME: VANCE, STEVEN A.	5.1 TITLE: SD	NAME: Ken Stackman
STREET ADDRESS: 2050 N.E. 140 ST. #15.	CITY-ST-ZIP: N. MIAMI BEACH FL	5.2 NAME: Ken Stackman	5.3 STREET ADDRESS: 2050 N.E. 140 ST., #8
CITY-ST-ZIP: N. MIAMI BEACH FL		5.4 CITY-ST-ZIP: North Miami Beach, FL 33181	
TITLE:	NAME:	6.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	6.3 STREET ADDRESS:
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2-23-96** DAYTIME PHONE #: **399-8046**

CR2E037 (12/95)