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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37856 (4)
 1. Corporation Name
CLAIREMONT VILLAGE, A CONDOMINIUM, INC.



Principal Place of Business The Timberlake Group, Inc. 3090 NW 74TH AVENUE MIAMI FL 33168 US	Mailing Address The Timberlake Group, Inc. 5050 NW 74 AVENUE MIAMI FL 33166 US
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3. Date Incorporated or Qualified 04/26/1990		
4. FEI Number 65-0266184	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

ROBERT A. DUGGER,
THE TIMBERLAKE GROUP, INC.
5050 NW 74TH AVENUE
MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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]* **R. A. DUGGER** **2-16-98**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD-	<input type="checkbox"/> DELETE
NAME	VANCE, ANDREW STEVEN-	
STREET ADDRESS	2050 NE 140 STREET #15--	
CITY-ST-ZIP	NORTH MIAMI BEACH F-	
TITLE	TD-	<input checked="" type="checkbox"/> DELETE
NAME	ISNAEL, MIRANDA-	
STREET ADDRESS	2050 N.E. 140 ST. #11-	
CITY-ST-ZIP	N. MIAMI BEACH FL-	
TITLE	SD-	<input checked="" type="checkbox"/> DELETE
NAME	STACKMAN, KEN	
STREET ADDRESS	2050 NE 140 STREET #0	
CITY-ST-ZIP	NORTH MIAMI BEACH FL-	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Glover,	
1.3 STREET ADDRESS	2050 N.E. 140 Street, #21,	
1.4 CITY-ST-ZIP	N. Miami Beach, Florida 33181.	
2.1 TITLE	TSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Andrew Steven Vance,	
2.3 STREET ADDRESS	2050 N.E. 140 Street, #15,	
2.4 CITY-ST-ZIP	N. Miami Beach, Florida 33181.	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert A. Dugger,	
3.3 STREET ADDRESS	5050 N.W. 74th. Avenue,	
3.4 CITY-ST-ZIP	Miami, Florida 33166.	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *William T. Moore President* **3-11-98**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)