

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90074 031 ****70.00

DOCUMENT # N37856

1. Entity Name

CLAIREMONT VILLAGE, A CONDOMINIUM, INC.

Principal Place of Business

5050 NW 74TH AVENUE
 MIAMI FL 33166
 US

Mailing Address

5050 NW 74 AVENUE
 MIAMI FL 33166
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0266184

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUGGER, ROBERT A
5050 NW 74TH AVENUE
MIAMI FL 33166

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE

ROBERT A. DUGGER SR.

1/08/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD - GLOVER, WILLIAM --	<input type="checkbox"/> Delete
STREET ADDRESS	2050 NE 140 ST STE 21	
CITY-ST-ZIP	N-MIAMI BEACH FL 33181 -	
TITLE NAME	TSD - VANCE, ANDREW STEVEN	<input type="checkbox"/> Delete
STREET ADDRESS	2050 NE 140 ST STE 15 -	
CITY-ST-ZIP	N-MIAMI BEACH FL 33181 -	
TITLE NAME	D - DUGGER, ROBERT A -	<input type="checkbox"/> Delete
STREET ADDRESS	5050 NW 74TH AVE -	
CITY-ST-ZIP	MIAMI FL 33166 -	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD Vance, Andrew Steven,	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2050 NE 140 Street, #15,	
CITY-ST-ZIP	N.Miami Beach, Florida 33181.	
TITLE NAME	TD Vance, Andrew Steven,	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2050 NE 140 Street, #15,	
CITY-ST-ZIP	N.Miami Beach, Florida 33181.	
TITLE NAME	VPSD Dugger, Robert A.,	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5050 N.W. 74th. Avenue,	
CITY-ST-ZIP	Miami, Florida 33166.	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

(Signature) **ANDREW STEVEN VANCE**

(305)593-1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)