

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-26-2002 90037 031 ****70.00

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

DOCUMENT # *N37856*
CLAIREMONT VILLAGE, A CONDOMINIUM,
INC.

DO NOT WRITE IN THIS SPACE

2050 N.E. 140 St. #10 *2050 N.E. 140 St. #10*
NORTH MIAMI BEACH *NORTH MIAMI BEACH*
FLORIDA, 33181 *FLORIDA*
DADE *33181* *DADE*

24298
 DO NOT WRITE IN THIS SPACE

FBI Number
65-0266184
\$8.75 Additional Fee Required

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Name *Susanne Phillips*
Street Address (P.O. Box Number is Not Acceptable)
2050 N.E. 140 St. #10
City *N. Miami Beach*
FL **Zip Code** *33181*

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 *Susanne Phillips* *Susanne Phillips* *3-15-02*
Signature, typed or printed name of registered agent, any title if applicable. (NOTE: Registered Agent Signature required when resigning) DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Chon Wong</i> <i>2050 N.E. 140 St # 20</i> <i>N. Miami Beach, FL 33181</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice-President</i> <i>Ken Strackman</i> <i>2050 N.E. 140 St. # 8</i> <i>N. Miami Beach, FL 33181</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i> <i>Susanne Phillips</i> <i>2050 N.E. 140 St. #10</i> <i>N. Miami Beach, FL 33181</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Chairman</i> <i>Pilar Bravo</i> <i>2050 N.E. 140 St. # 3</i> <i>N. Miami Beach, FL 33181</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Susanne Phillips* *Susanne Phillips* *3-15-02* *305-945-6992*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)