


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90018 009 ****70.00

DOCUMENT # N37856

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



Principal Place of Business
2050 N.E. 140 ST., #10
~~MIAMI, FL 33181~~ ~~US~~

Mailing Address
2050 N.E. 140 ST., #10
~~MIAMI, FL 33181~~ ~~US~~

North Miami Beach, FL 33181

Please correct!

42003044



2. Principal Place of Business
 Suite, Apt. #, etc.

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

01182004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
65-0266184

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PHILLIPS, SUSANNE
2050 N.E. 140 ST., #10
~~MIAMI, FL 33181~~

N. Miami Bch., FL 33181

please correct!

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

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	PD	<input checked="" type="checkbox"/> Delete
NAME	WONG, CHON	
STREET ADDRESS	2050 N.E. 140 ST., #20	
CITY-ST-ZIP	N MIAMI BEACH, FL 33	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PHILLIPS, SUSANNE	
STREET ADDRESS	2050 N.E. 140 ST., #10	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33181	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STRACKMAN, KEN	
STREET ADDRESS	2050 N.E. 140 ST., #8	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	TC	<input type="checkbox"/> Delete
NAME	BRAVO, PILAR	
STREET ADDRESS	2050 N.E. 140 ST., #3	
CITY-ST-ZIP	MIAMI, FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALVIS, WILLIAM	
STREET ADDRESS	2050 NE 140 ST, #20	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Susanne Phillips Susanne Phillips 305-945-6992

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