


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N37856 1. Entity Name CLAIREMONT VILLAGE, A CONDOMINIUM, INC.	
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Principal Place of Business 2050 N.E. 140 ST., #10 NORTH MIAMI BEACH, FL 33181 US	Mailing Address 2050 N.E. 140 ST., #10 NORTH MIAMI BEACH, FL 33181 US
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0266184	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PHILLIPS, SUSANNE
2050 N.E. 140 ST., #10
NORTH MIAMI BEACH, FL 33181**

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IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GALVIS, WILLIAM 2050 N.E. 140 ST., #20 N MIAMI BEACH, FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PHILLIPS, SUSANNE 2050 N.E. 140 ST., #10 N. MIAMI BEACH, FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD STRACKMAN, KEN 2050 N.E. 140 ST., #8 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TC BRAVO, PILAR 2050 N.E. 140 ST., #3 MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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1100000207534
02/01/05-80049-010 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 01-28-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #