

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90058 008 \*\*\*\*70.00

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01312006 Chg-NP CRZE037 (11/05)

<b>DOCUMENT # N37856</b>					
1. Entity Name CLAIREMONT VILLAGE, A CONDOMINIUM, INC.					
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		
2. Principal Place of Business			3. Mailing Address		
Suits, Apt. #, etc.			Suits, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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				7. Name and Address of New Registered Agent	
PHILLIPS, SUSANNE 2050 N.E. 140 ST., #10 NORTH MIAMI BEACH, FL 33181				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALVIS, WILLIAM		NAME	<u>Galvis, William</u>	
STREET ADDRESS	2050 N.E. 140 ST., #20		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH, FL 33181		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, SUSANNE		NAME		
STREET ADDRESS	2050 N.E. 140 ST., #10		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH, FL 33181		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRACKMAN, KEN		NAME		
STREET ADDRESS	2050 N.E. 140 ST., #8		STREET ADDRESS	N. Miami Beach, FL 33181	
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP		
TITLE	TC	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAVO, PILAR		NAME		
STREET ADDRESS	2050 N.E. 140 ST., #3		STREET ADDRESS	N. Miami Beach, FL 33181	
CITY-ST-ZIP	MIAMI, FL 33181		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Santos, Eduardo	
STREET ADDRESS			STREET ADDRESS	2050 N.E. 140 St. #4	
CITY-ST-ZIP			CITY-ST-ZIP	N. Miami Beach, FL 33181	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.					
SIGNATURE: <u>Susanne Phillips</u>		Susanne Phillips		2-1-06 305-945-6992	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	