



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

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



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0266184</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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 N MIAMI BEACH, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC BRAVO, PILAR 2050 N.E. 140 ST., #3 N MIAMI BEACH, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SANTOS, EDUARDO 2050 NE 140 ST #4 N MIAMI BEACH, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000588997  
01/17/07-80095-011 70.00

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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 all other like empowered.

**SIGNATURE:** *Susanne Phillips Susanne Phillips* 01-12-07 305-945-6992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #