


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90032 048 ****70.00

DOCUMENT # N37856 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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0266184	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PHILLIPS, SUSANNE 2050 N.E. 140 ST., #10 NORTH MIAMI BEACH, FL 33181				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY - ST - ZIP	PD GALVIS, WILLIAM 2050 N.E. 140 ST., #20 N MIAMI BEACH, FL 33181	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STRACKMAN, KEN 2050 N.E. 140 ST, #8 N MIAMI BEACH, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PHILLIPS, SUSANNE 2050 N.E. 140 ST., #10 N. MIAMI BEACH, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SANTOS, EDUARDO 2050 N.E. 140 ST, #4 N MIAMI BEACH, FL 33181	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD STRACKMAN, KEN 2050 N.E. 140 ST., #8 N MIAMI BEACH, FL 33181	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SANTOS, EDUARDO 2050 N.E. 140 ST, #4 N MIAMI BEACH, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TC BRAVO, PILAR 2050 N.E. 140 ST., #3 N MIAMI BEACH, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD MESTRE, JOHN 2050 N.E. 140 ST, #6 N MIAMI BEACH, FL 33181	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD SANTOS, EDUARDO 2050 NE 140 ST #4 N MIAMI BEACH, FL 33181	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD MESTRE, JOHN 2050 N.E. 140 ST, #6 N MIAMI BEACH, FL 33181	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD SANTOS, EDUARDO 2050 NE 140 ST #4 N MIAMI BEACH, FL 33181	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD MESTRE, JOHN 2050 N.E. 140 ST, #6 N MIAMI BEACH, FL 33181	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Susanne Phillips</u> <u>Susanne Phillips</u> <u>01-31-08</u> <u>305-945-6992</u>					