

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37856

FILED
Jan 13, 2009
Secretary of State

Entity Name: CLAIREMONT VILLAGE, A CONDOMINIUM, INC.

Current Principal Place of Business:

2050 N.E. 140 ST., #10
NORTH MIAMI BEACH, FL 33181 US

New Principal Place of Business:

Current Mailing Address:

2050 N.E. 140 ST., #10
NORTH MIAMI BEACH, FL 33181 US

New Mailing Address:

FEI Number: 65-0266184 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STRACKMAN, KEN
Address: 2050 N.E 140ST #8
City-St-Zip: MIAMI, FL 33181

Title: TD () Delete
Name: PHILLIPS, SUSANNE
Address: 2050 N.E. 140 ST., #10
City-St-Zip: N. MIAMI BEACH, FL 33181

Title: VPD () Delete
Name: SANTOS, EDUARDP
Address: 2050 N.E 140 ST # 4
City-St-Zip: N MIAMI BEACH, FL 33181

Title: TC () Delete
Name: BRAVO, PILAR
Address: 2050 N.E. 140 ST., #3
City-St-Zip: N MIAMI BEACH, FL 33181

Title: MD () Delete
Name: MESTRE, JOHN
Address: 2050 N.E 140 ST #6
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STRACKMAN, KEN
Address: 2050 N.E 140ST #8
City-St-Zip: N. MIAMI BEACH, FL 33181

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: SANTOS, EDUARDO
Address: 2050 N.E 140 ST # 4
City-St-Zip: N MIAMI BEACH, FL 33181

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MD (X) Change () Addition
Name: MESTRE, JOHN
Address: 2050 N.E 140 ST #6
City-St-Zip: N. MIAMI BEACH, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSANNE PHILLIPS

TD

01/13/2009

Electronic Signature of Signing Officer or Director

Date