## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**POCUMENT** #

SIGNATURE:

758221

(6)

CARMEL FOREST HOMEOWNERS ASSOCIATION, INC.

FILED						
Feb 05 1998 8:00am						
Secretary of State						

Principal Place of Business Mailing Address			····	<del></del>	
\(\text{\text{c}}\)		3666 SW 57TH AVE. MIAMI FL 33155			3. Date Incorporated or Qualified 10/29/1981
					4. FEI Number Applied For
			<u>.</u> .		<b>59-2345849</b> Not Applicable
	lace of Business	28. Mailing Address			5. Certificate of Status Desired \$8.75 Additional
21 Sulte, Apt.	# elc	Suite, Apt. #, etc.			Fee Required
22		27		<del></del>	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
City & State City & State					7. Is this nonprofit corporation a homeowners association?
Zip	Country	<b>Z</b> ip	Countr		
24	25	29	30	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
	9. Name and Address of Current				10. Name and Address of New Registered Agent
			81		ESCALONA, FABIO
	NA, FABIO / 57TH AVE		82	Street	1 Address (P.O. Box Number is Not Acceptable)
MAMI FI			83	P 14	TIAMI, FLORIDA, 33155
			84		85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	tes, the above	/e-named	d corporation submits this statement for the purpose of changing its registered
agent. I a	m familiar with, and accept the obliga	ions of, Section 617.0503, Fl	lorida Statute	es.	d corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	( 20000 100 00 00	A - KARRIGE			
12.	Signature, typed or printed name of registered agen OFFICERS AND		TE: Registered Ag	Jent signature	re required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD OF TOLLIO AND	DELETE	1,1 TITLE		Change Addition
NAME	SIMAN, JOSE	<del></del>	1.2 NAME		
STREET ADDRESS	3646 SW 57TH AVE		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST-ZIP	
TITLE	PD	DELETE	2.1 TITLE		Change Addition
NAME	ESCALONA, FABIO		2.2 NAME		
STREET ADDRESS	3604 SW 57TH AVE		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CiTY-	ST-ZIP	
TITLE	80	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAWSON, SCOTT		3.2 NAME		
STREET ADDRESS	3642 SW 57 AVE		- 1	T ADDRESS	
CITY-ST-ZIP	MIAMI FL	DELETE	3.4. C/TY- 4.1 TITLE	ST-ZIP	Change Addition
TITLE NAME	SD	☐ DECEIE	4.3 IIILE 4.2 NAME		Li divinge Li Xodillor
STREET ADDRESS	ARTURO DEL RID			T ADDRESS	
CITY-ST-ZIP	3634 SW 57 AVC.		4.4 CITY -		
TITLE	6D	DELETE	5.1 TITLE	31-511	Change Addition
NAME	BUCKLEY, JOHN		5.2 NAME		
STREET ADDRESS	3638 SW 57 AVE	1	5.3 STREE	T ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155	,	5.4 CITY-	ST-ZIP	
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	
CITY-ST-ZIP			6.4 CITY -		
indicated officer or o	on this annual report or supplemental	annual report is true and acc ver or trustee empowered to	curate and th	nat my sig	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information ignature shall have the same legal effect as if made under oath; that I am an as required by Chapter 617, Florida Statutes; and that my name appears in

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