

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

FILED  
Feb 05 1998 8:00am  
Secretary of State

DOCUMENT # 770939 (7)

1. Corporation Name

CARMEL AT THE CALIFORNIA CLUB PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2801 SIMMS STREET  
HOLLYWOOD FL 33020

C/O DCI  
2801 SIMMS ST.  
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified

10/26/1983

4. FEI Number

59-2360505

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DCI  
2801 SIMMS ST.  
HOLLYWOOD FL 33020

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME ATLAS, VICKI  
STREET ADDRESS 825 NE 199 ST. UNIT 108  
CITY-ST-ZIP NORTH MIAMI FL 33179

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE T  
NAME SCHAFER, JOHN  
STREET ADDRESS 921 NE 199 ST., UNIT 108  
CITY-ST-ZIP N. MIAMI FL 33179

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME ALLEN, MILLIE  
STREET ADDRESS 809 NBE 199 ST. UNIT 108  
CITY-ST-ZIP N. MIAMI FL 33179

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME PINES, SALLY  
STREET ADDRESS 903 NE 199 ST. #101  
CITY-ST-ZIP MIAMI FL 33179

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME ROUSSO, SALLY  
STREET ADDRESS 811 NE 199TH ST #107  
CITY-ST-ZIP MIAMI FL 33179

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME SCHWEITZER, JOYCE  
STREET ADDRESS 819 NE 199TH ST #103  
CITY-ST-ZIP MIAMI FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John Schaffer

John Schaffer

1/27/98 954-922-3514

CR2E037 (10/97)