

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90261 009 ****61.25

DOCUMENT # 770939

1. Entity Name
**CARMEL AT THE CALIFORNIA CLUB PROPERTY
OWNERS ASSOCIATION, INC.**



Principal Place of Business
**UNITED COMMUNITY
3300 UNIVERSITY DR, #405
CORAL SPRINGS, FL 33065 US**

Mailing Address
**3300 UNIVERSITY DR
#405
CORAL SPRINGS, FL 33065 US**

44026042



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03262004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2360505

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED COMMUNITY MANAGEMENT
3300 UNIVERSITY DR
#405
CORAL SPRINGS, FL 33065**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
**TD
NELSON, ROLAND
931 NE 199TH ST #102
MIAMI, FL 33179** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Bing, Fred
831 NE 199 Street # 102
Miami, FL 33179** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MATOS, ANNA
921 NE 199 ST, #102
MIAMI, FL 33179** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WIGGINS, KEVIN
911 NE 199TH ST #203
MIAMI, FL 33179** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Fincher, Alice
903 NE 199 Street # 106
Miami, FL 33179** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GREENFIELD, BONNIE
915 NE 199 STREET, APT. 108
MIAMI, FL 33179** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Gonzalez, Katarina
905 NE 199 Street
Miami, FL 33179** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
McCrae, Cathy
819 NE 199 Street
Miami, FL 33179** ☐ Change ☒ Addition

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #