

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90119 009 ****61.25

DOCUMENT # N01334

1. Entity Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "34" ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~C/O DCI~~
 2035 HARDING STREET STE 200
 HOLLYWOOD FL 33020
 US

~~C/O DCI~~
 2035 HARDING STREET STE 200
 HOLLYWOOD FL 33020
 US

80110699



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3300 University Dr.
 Suite, Apt. #, etc. #405

3300 University Dr.
 Suite, Apt. #, etc. #405

City & State Coral Springs, FL

City & State Coral Springs, FL

4. FEI Number **59-2431868**

Applied For
 Not Applicable

Zip 33065 Country USA

Zip 33065 Country USA

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

MEYROWITZ, ANDREW
 C/O DCI
 2035 HARDING STREET STE 200
 HOLLYWOOD FL 33020

Name **United Community Management**
 Street Address (P.O. Box Number is Not Acceptable) **3300 University Dr #405**
 City **Coral Springs** FL Zip Code **33065**

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.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE *Jan 23/02*

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SIEGEL, JACK	
STREET ADDRESS	831 NE 199TH STREET #101	
CITY-ST-ZIP	N MIAMI FL 33179	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KRONHEIM, RICHARD	
STREET ADDRESS	831 NE 199TH STREET #204	
CITY-ST-ZIP	N MIAMI FL 33179	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BING, FRED	
STREET ADDRESS	831 NE 199TH STREET #102	
CITY-ST-ZIP	N MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 23, 2002 305 654-4478

CR2E037 (9/01)