FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Feb 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name N01337

(7)

Mailing Address

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM 13" A SSOCIATION, INC.

2901 SIMMS ST HOLLYWOOD FI US		2901 SIMMS STREET HOLLYWOOD FL 33020-1510 US		3. Date Incorporated or Qualified 3a 02/09/1984	Date of Last Report 03/15/1996
2. Principal Pi	ace of Business	2a. Mailing Address		4. FFI Number	Applied For
21		26		59-2431866	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intang	gible tax under s. 199.032,
24	25	29 30	0		B No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registe	red Agent
			81 Name		
ANDREW MEYROWITZ C/O D.C.I.			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
2901 SIA	IMS STREET		83		
HOLLYW	OOD FL 33020		84 City		FL 85 Zip Code
11. Pursuant I office or re agent. La	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obligi	2 and 617.1508, Florida Statutes, of Florida. Such change was aut ations of, Section 617.0503, Florid	, the above-named cor horized by the corpora da Statutes.	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE: R	Registered Agent signature requ	uired when reinstating) DA	ATE.
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	STD	DELETE	1.1 TITLE		Change Addition
NAME	atlas, vicki k.		1.2 NAME		
STREET ADDRESS	825 N.E. 199 ST. #108	•	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 City-St-Zip		
THILE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSEMBERG, IRA L.		2.2 NAME		
STREET ADDRESS	825 N.E. 199 ST. #204		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	31 TITLE		Change Addition
NAME	HILDY RIEGELHAUPT		32 NAME		
STREET AODRESS	825 NE 199TH ST #201		33 STREET ADDRESS		
C(TY-S1-ZIP	MIAMI FL	<u></u>	3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TIYLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
0.70. 07 70					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi). 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