

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-23-2002 90121 029 ****61.25

DOCUMENT # N01337

1. Entity Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "13" ASSOCIATION, INC.

Principal Place of Business 2035 HARDING ST SUITE 200 HOLLYWOOD FL 33020 US	Mailing Address 2035 HARDING ST SUITE 200 HOLLYWOOD FL 33020 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3300 University Dr. Suite, Apt. #, etc. #405	3. Mailing Address 3300 University Dr. Suite, Apt. #, etc. #405
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City & State Coral Springs, FL	City & State Coral Springs, FL	4. FEI Number 59-2431866	Applied For Not Applicable
Zip 33065	Country USA	Zip 33065	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ANDREW MEYROWITZ
 C/O D.S.I.
 2035 HARDING ST STE. 200
 HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

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 **UNITED COMM. MGT. CO.** *[Signature]* **4/12/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Delete ATLAS, VICKI K. 825 N.E. 199 ST. #108 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete SUAREZ, FRED 907 N.E. 199 ST #106 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete ROGERS, FLORA R 825 NE 199TH ST #107 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ATLAS, VICKI 825 NE 199 ST #108 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUAREZ, FRED 907 NE 199 ST #106 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROGERS RAY, FLORA 825 NE 199 ST #107 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **1/23/02** **(305) 658-0554**
Signature and typed or printed name of signing officer or director Date Distinguishing Phone #

CR2E037 (9/01)