FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04721 (9)

1. Corporation Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "15" A SSOCIATION, INC.

Principal Place of Business	Mailing Address
8299 CORAL WAY MIAMI FL 33155	8299 CORAL WAY MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/16/1984
3a. Date of Last Report: 06/03/1994
4. FEI Number: 59-2564922 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 C/O DCE Suite, Apt. #, etc. 22 2901 SIMMS ST. City & State 23 Hollywood FL Zip 24: 33020 Country 25: USA	2a. Mailing Address 26 C/O DCE. Suite, Apt. #, etc. 27 2901 SIMMS ST City & State 28 Hollywood FL Zip 29: 33020 Country 30: USA

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PORTUONDO, JULIO GONZALEZ
8299 CORAL WAY
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name: ANDREW MEYROWITZ
82 Street Address (P.O. Box Number is Not Acceptable): C/O DCE
83: 2901 SIMMS ST.
84 City: Hollywood FL 85 Zip Code: 33020

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/25/95
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	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	[redacted] Phyllis Trucco	1.2 NAME	
STREET ADDRESS	[redacted] 915 NE 199th St.	1.3 STREET ADDRESS	
CITY-ST-ZIP	[redacted] Miami FL 33179	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, ISABEL	2.2 NAME	
STREET ADDRESS	915 N.E. 199TH ST. #107	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	OLIVER, ROSE	3.2 NAME	
STREET ADDRESS	915 N.E. 199TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] ROSE K OLIVER 4-10-95 651-8217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004906