# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04721

1. Entity Name

Carmel at the California Club Condominium "15" Association, Inc.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| DCI<br>2035 Harding St. Suite 200<br>Hollywood, FL 33020<br>U.S. | D.C.I.<br>~~2035~~ HARDING ST. #200<br>Hollywood, FC 33020<br>U.S. |

**REINSTATEMENT** 99-01

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2035 Harding St. | 2035 Harding St. |
| Suite, Apt. #, etc.: Suite 200 | Suite, Apt. #, etc.: Suite 200 |
| City & State: Hollywood, FL | City & State: Hollywood, FL |
| Zip: 33020 Country: U.S. | Zip: 33020 Country: |

4. FEI Number: 59-2564922 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| Andrew Meyrowitz<br>c/o DCI<br>2035 Harding St. Suite 200<br>Hollywood, FL 33020 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

SIGNATURE _____ 3/5/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Greenfield, Bonnie<br>915 NE 199 St. #108<br>N. Miami, FL 33179 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>Durden, Brian<br>915 NE 199 St. #206<br>N. Miami, FL 33179 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 200004077 ☐ Change ☐ Addition<br>-04/25/01 -01066--027<br>****358.75 ****358.75 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>Telfort, Ana<br>915 NE 199 St #107<br>N. Miami, FL 33179 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E037 (9/99)

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:** Bonnie Greenfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #