


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90002 044 \*\*\*\*61.25

<b>DOCUMENT # N09940</b> 1. Entity Name <b>CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM " 17          "ASSOCIATION, INC.</b>					
Principal Place of Business <b>3300 UNIVERSITY DR. #405          CORAL SPRINGS, FL 33065 US</b>			Mailing Address <b>3300 UNIVERSITY DR. #405          CORAL SPRINGS, FL 33065 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2564861</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>UNITED COMMUNITY MANAGEMENT          3300 N UNIVERSITY DR #405          CORAL SPRINGS, FL 33065</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25          Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to          Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GAGE, CHRISTY</b>		NAME		
STREET ADDRESS	<b>933 NE 199TH ST #106</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33179</b>		CITY-ST-ZIP		
TITLE	STD <input type="checkbox"/> Delete		TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COURI, ALICIA</b>		NAME		
STREET ADDRESS	<b>933 NE 199 ST #207</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33179</b>		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHUPNICK, JOY</b>		NAME		
STREET ADDRESS	<b>933 NE 199TH ST. #107</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33179</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE: Joy I. Shupnick</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>4/1/04</b> Date		
			<b>305-773-0364</b> Daytime Phone		