

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
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95 MAR -2 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N09946** (7)
1. Corporation Name
CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM " 18 " ASSOCIATION, 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 **06/25/1985** 3a. Date of Last Report **04/29/1994**
4. FEI Number **59-2564865** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **110 D.C.T.** 26 **110 D.C.T.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **2901 Simms St.** 27 **2901 Simms St.**
City & State City & State
23 **Hollywood FL** 28 **Hollywood FL**
Zip Country Zip Country
24 **33020** 25 **USA** 29 **33020** 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
JULIO GONZALEZ-PORTUONDO
8299 CORAL WAY
MIAMI FL 33155

10. Name and Address of New Registered Agent
81 Name **Andrew Meybowitz**
82 Street Address (P.O. Box Number is Not Acceptable) **110 D.C.T.**
83 **2901 Simms St.**
84 City **Hollywood** FL 85 Zip Code **33020**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0503, Florida Statutes.
SIGNATURE *[Signature]* DATE **2/22/95**

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	MARSHA, STERN
STREET ADDRESS	917 NE 199TH ST #105
CITY - ST - ZIP	MIAMI FL 33179
TITLE	VD
NAME	BARRERA, JUDITH
STREET ADDRESS	917 NW 199 ST. #107
CITY - ST - ZIP	MIAMI FL 33179
TITLE	PD
NAME	LIPKA, JOHN
STREET ADDRESS	917 NE 199TH ST, 207
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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]* **MARSHA STERN** **2/22/95** (305) 653-1667