

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90121 033 \*\*\*\*61.25

**DOCUMENT # N10639**

1. Entity Name

**CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "20" A ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% DCI  
 2035 HARDING STREET, SUITE 200  
 HOLLYWOOD FL 33020  
 US

% DCI  
 2035 HARDING STREET, SUITE 200  
 HOLLYWOOD FL 33020  
 US

2. Principal Place of Business

3. Mailing Address

3300 University Dr.  
 Suite, Apt. #, etc.  
 #405

3300 University Dr.  
 Suite, Apt. #, etc.  
 #405

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33065

Country

USA

Zip

33065

Country

USA

4. FEI Number

59-2564868

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYROWITZ, ANDREW  
 % DCI  
 2035 HARDING STREET, SUITE 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. CARR

*[Signature]*

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

TITLE	PTA <input checked="" type="checkbox"/>	<input type="checkbox"/> Delete
NAME	ARTINIAN, CHARLES	
STREET ADDRESS	907 NE 199 ST. #101	
CITY-ST-ZIP	N. MIAMI FL 33179	
TITLE	VPA <input checked="" type="checkbox"/>	<input type="checkbox"/> Delete
NAME	BLANK, LILLIAN	
STREET ADDRESS	907 NE 199 ST #201	
CITY-ST-ZIP	N. MIAMI FL 33179	
TITLE	SA <input checked="" type="checkbox"/>	<input type="checkbox"/> Delete
NAME	SUAREZ, FRED	
STREET ADDRESS	907 NE 199 ST #106	
CITY-ST-ZIP	N. MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02 305) 653-4730

Date

Daytime Phone #

CR2E037 (9/01)