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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N13566 (7)

1. Corporation Name
CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "30" ASSOCIATION, INC.



Principal Place of Business Mailing Address
% DCI 2901 SIMMS STREET HOLLYWOOD FL 33020 US

3. Date Incorporated or Qualified 02/24/1986
3a. Date of Last Report 03/15/1996

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number 59-2725768 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MEYROWITZ, ANDREW % DCI 2901 SIMMS STREET HOLLYWOOD, FL 33020
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE 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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, BETTY	1.2 NAME	
STREET ADDRESS	829 NE 199TH ST. #205	1.3 STREET ADDRESS	
CITY-ST-ZIP	N.MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPAPORT, SUSAN	2.2 NAME	
STREET ADDRESS	829 NE 199TH ST. 103	2.3 STREET ADDRESS	
CITY-ST-ZIP	N.MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRATEROL, JHONNY	3.2 NAME	
STREET ADDRESS	928 NE 199 ST #201	3.3 STREET ADDRESS	829 NE 199 ST #201
CITY-ST-ZIP	NORTH MIAMI FL	3.4 CITY-ST-ZIP	NORTH MIAMI FL 33179
TITLE	MD <input type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELAMED, DIANE	4.2 NAME	
STREET ADDRESS	829 NE 199TH ST 105	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	"D" <input type="checkbox"/> DELETE	5.1 TITLE	"D" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIA ROMANO	5.2 NAME	JULIA ROMANO
STREET ADDRESS	829 NE 199 ST #102	5.3 STREET ADDRESS	829 NE 199 ST #102
CITY-ST-ZIP	NORTH MIAMI FL 33179	5.4 CITY-ST-ZIP	NORTH MIAMI FL 33179
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: [Signature] DATE: 01.23.97 DAYTIME PHONE: 201.540009

CR2E037 (9/96)