

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:48

DOCUMENT # N14593 (0)

1. Corporation Name
CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "26" ASSOCIATION, INC.

Principal Place of Business Mailing Address
~~GUARANTEE MANAGEMENT SERVICES~~
~~8290 CORAL WAY~~
~~MIAMI FL 33155~~
~~GUARANTEE MANAGEMENT SERVICES~~
~~8290 CORAL WAY~~
~~MIAMI FL 33155~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/25/1986	3a. Date of Last Report 04/28/1994
4. FEI Number 59-2549691	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 198.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 C/O DCL	2a. Mailing Address 26 C/O DCL
Suite, Apt. #, etc. 22 2901 Simms St.	Suite, Apt. #, etc. 27 2901 Simms St.
City & State 23 Hollywood, FL.	City & State 28 Hollywood FL.
Zip 24 33020	Country 25 USA
Zip 29 33020	Country 30 USA

9. Name and Address of Current Registered Agent
PORTUNONDO, JULIO GONZALEZ
8290 CORAL WAY
C/O GUARANTEE MANAGEMENT SERVICES
MIAMI FL 33155

10. Name and Address of New Registered Agent
81 Name Andrew Heulowitz
82 Street Address (P.O. Box Number Not Acceptable) C/O DCL
83 2901 Simms St.
84 City Hollywood
85 Zip Code FL 33020

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Julio Gonzales DATE 2/22/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD CASTLE, JEFFREY 905 N.E. 199TH ST. #203 MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RD ANNA MAE 905 N.E. 199TH ST. #206 MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DURKIN, FRANK 905 N.E. 199TH ST. #205 MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph R. Ferrante DATE 2/17/95 654-9229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title)
JOSEPH R. FERRANTE Secretary (Title)