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Mar 07 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 # **N14593** (0)
1. Corporation Name
CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM #26 A ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O DCI 2901 SIMMS ST. HOLLYWOOD FL 33020 US
C/O DCI 2901 SIMMS ST. HOLLYWOOD FL 33020-1510 US

3. Date Incorporated or Qualified **04/25/1986** 3a. Date of Last Report **06/06/1996**

| | | | | |
|----|--------------------------------|---------------------|---|--|
| 21 | 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| | Suite, Apt. #, etc. | Suite, Apt. #, etc. | 59-2549691 | Not Applicable |
| 22 | City & State | City & State | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 | Zip | Zip | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 | Country | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | |
|---|--|--|--|----|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | |
| MEYROWITZ, ANDREW C/O DCI 2901 SIMMS ST. HOLLYWOOD FL 33020 | | 81 | Name | |
| | | 82 | Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | | |
| | | 84 | City | FL |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | TSD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CASTLE, JEFFREY | 1.2 NAME | JOSEPH R FERRANTE |
| STREET ADDRESS | 905 N.E. 199TH ST. #203 | 1.3 STREET ADDRESS | 905 NE 199ST #102 |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | MIAMI FLA |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAER, ANDREW | 2.2 NAME | BAER ANDREW |
| STREET ADDRESS | 905 NE 199 ST. 203 | 2.3 STREET ADDRESS | 905 NE 199ST #203 |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | MIAMI FL |
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DURKIN, FRANK | 3.2 NAME | WARD MICHAEL |
| STREET ADDRESS | 905 N.E. 199TH ST. #205 | 3.3 STREET ADDRESS | 905 NE 199ST #204 |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | MIAMI FL |
| TITLE | JOSEPH R FERRANTE <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | 905 NE 199ST #102 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL. | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| 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, or on an attachment with an address.

SIGNATURE: *Joseph R Ferrante* /11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021402

CR2E037 (9/96)