

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90026 005 ****61.25

DOCUMENT # N14593

1. Entity Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "26" A

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2549691

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEYROWITZ, ANDREW
 C/O DCI
 2901 SIMMS ST.
 HOLLYWOOD FL 33020

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **TD** Delete
 NAME: **FERRANTE, JOSEPH R**
 STREET ADDRESS: **905 N.E. 199TH STREET., #102**
 CITY-ST-ZIP: **MIAMI FL**

TITLE: **PD** Delete
 NAME: **GRANT, AILEEN**
 STREET ADDRESS: **905 NE 199TH STREET, #202**
 CITY-ST-ZIP: **MIAMI FL 33179**

TITLE: **TSD** Delete
 NAME: **PATTERSON, ANDREW**
 STREET ADDRESS: **905 N.E. 199TH ST., #204**
 CITY-ST-ZIP: **MIAMI FL 33179**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition

NAME: **TD**
TREVOR CHUNG
 STREET ADDRESS: **905 NE 199 ST #105**
 CITY-ST-ZIP: **MIAMI, FL 33179**

TITLE: Change Addition

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 25 2000 305 652 7996

Date

Daytime Phone #

CR2E037 (9/99)