

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N114897

1. Entity Name

Carmel at the California Club
condominium "24" Association, INC.

Principal Place of Business

c/o DCI
2035 Harding St.
Hollywood, FL 33020 U.S.

Mailing Address

c/o DCI
2035 Harding St.
STE. 200
Hollywood, FL 33020 U.S.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Andrew Mayrowitz
c/o DCI
2035 Harding St. STE. 200
Hollywood, FL 33020 U.S.

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.

(NOT: 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 PD
NAME Giuseppe Maurici ☐ Delete
STREET ADDRESS 927 NE 199th St Apt 101
CITY-STATE-ZIP N. Miami, FL 33179

TITLE ☐ Change ☐ Addition
NAME 200004194762--1
STREET ADDRESS -05/10/01--01145--001
CITY-STATE-ZIP *****236.25 *****236.25

TITLE VPD
NAME Marsha Gottman ☐ Delete
STREET ADDRESS 927 NE 199th St Apt 102
CITY-STATE-ZIP N. Miami, FL 33179

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE STD
NAME Peter Trausdale ☐ Delete
STREET ADDRESS 927 NE 199th St. #107
CITY-STATE-ZIP N. Miami, FL 33179

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Ann Arne

FILED

01 APR 18 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/14/00 90879 010 6128
DO NOT WRITE IN THIS SPACE
4. FBI Number 54-2725746 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/99)