

FILE NOW: FILING FEE IS \$61.25

FILED  
Aug 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N15065  
 1. Corporation Name  
**Carmel Townhomes Condominium Association, Inc.**

Principal Place of Business <b>1290 West 51st Place Hialeah, FL 33012</b>	Mailing Address <b>C/O All Florida Management 1900 Coral Way, Suite 301 Miami, FL 33145</b>
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3. Date Incorporated or Qualified <b>5-20-86</b>	3a. Date of Last Report
4. FEI Number <b>59-2620154</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**Norman T. Roberts, P.A.  
50 West Mashta Drive, Suite 2  
The Professionals Building  
KeyBiscayne, FL 33149**

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 617.0503 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]* DATE: **8/11/97**

Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	President	<input type="checkbox"/>
NAME	Jose Carbonell	
STREET ADDRESS	1333 West 51 Place	
CITY-ST-ZIP		
TITLE	Vice-President	<input type="checkbox"/>
NAME	Lazaro Cid	
STREET ADDRESS	1320 West 51 Place	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	Treasurer	<input type="checkbox"/>
NAME	Gladys Garcia	
STREET ADDRESS	1290 West 51 Place	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	Secretary	<input type="checkbox"/>
NAME	Sandra Marti	
STREET ADDRESS	1353 West 51 Place	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	Director	<input type="checkbox"/>
NAME	Angela Rosario	
STREET ADDRESS	1249 West 51 Place	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	Director	<input type="checkbox"/>
NAME	Mariangela Pintado	
STREET ADDRESS	5040 West 12 Lane	
CITY-ST-ZIP	Hialeah, FL 33012	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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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: *[Signature]* DATE: **08/12/97** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)