

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N15065 (8)**  
 Corporation Name  
**CARMEL TOWNHOMES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>1290 WEST 51 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>05/22/1986</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>59-2620154</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent <b>ROBERTS, NORMAN T 50 WEST MASHTA DRIVE, SUITE 2 THE PROFESSIONALS BUILDING KEY BISCAYNE FL 33149</b>		81 Name	10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	85 Zip Code

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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARBONELL, JOSE</b>	1.2 NAME	
STREET ADDRESS	<b>1333 WEST 51 PLACE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH FL 33012</b>	1.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, GLADYS</b>	2.2 NAME	
STREET ADDRESS	<b>1290 WEST 51 PLACE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH FL 33012</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CID, LAZARO</b>	3.2 NAME	
STREET ADDRESS	<b>1320 WEST 51 PLACE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH FL 33012</b>	3.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTI, SANDRA</b>	4.2 NAME	
STREET ADDRESS	<b>1353 WEST 51 PLACE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH FL 33012</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSARIO, ANGELA</b>	5.2 NAME	
STREET ADDRESS	<b>1249 WEST 51 PLACE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH FL 33012</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PINTADO, MARIANELA</b>	6.2 NAME	
STREET ADDRESS	<b>5040 WEST 12 LANE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH FL 33012</b>	6.4 CITY - ST - ZIP	

14. 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 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 owner 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]* 2-13-98

CR2E037 (10/97)