FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB 19 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758221

1. Corporation Name
CARMEL FOREST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3666 SW 57TH AVE MIAMI FL 33155	3666 SW 57TH AVE MIAMI FL 33155

[redacted]

1. Principal Place of Business	2a. Mailing Address (26)	3. Date Incorporated or Qualifed: 10/29/1981	
2. Suite, Apt. #, etc.	Suite, Apt. #, etc. (27)	4. FEI Number: 59-2345849	☐ Applied For ☐ Not Applicable
3. City & State	City & State (28)	5. Certificate of Status Desired ☐	**$6.75** Additional Fee Required
4. Zip (25) Country	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ESCALONA, FABIO PRESIDENT
3604 SW 57TH AVE
MIAMI FL 33155

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

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SIMAN, JOSE Treasurer 3646 SW 57TH AVE MIAMI FL DIRECTOR ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 300002784153 2 -02/23/99--01036--005
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ESCALONA, FABIO PRESIDENT 3604 SW 57TH AVE DIRECTOR MIAMI FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DAWSON, SCOTT SECRETARY 3642 SW 57 AVE MIAMI FL DIRECTOR ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DEL RIO, ARTURO DIRECTOR 3634 SW 57TH AVE MIAMI FL 33155 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BUCKLEY, JOHN VICE-PRESIDENT 3638 SW 57TH AVE MIAMI FL 33155 SECRETAR ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE: Fabio Escalona - Fabio Escalona - January 31/1999 305-667-8662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #