FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762383 (8)

1. Corporation Name

THE CALIFORNIA CLUB CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
~~770 NE 195TH STREET~~ ~~N. MIAMI BEACH FL 33179~~	~~770 NE 195TH STREET~~ ~~N. MIAMI BEACH FL 33179~~

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 03/10/1982
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2389275 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~GREENE, HAROLD A ESQ.~~
~~GREAT WESTERN BANK BLDG., 2ND FLOOR~~
~~16301 BISCAYNE BLVD.~~
~~NORTH MIAMI BEACH FL 33160~~

10. Name and Address of New Registered Agent

81 Name: Vilan Property Management
82 Street Address (P.O. Box Number is Not Acceptable): 305 Alcazar Ave
83
84 City: Coral Gables FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] Mang. Co. — 4-12-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	KAWADLER, Rochelle, D ☐ Change ☐ Addition
NAME	~~SUGARMAN, ROBERT~~	1.2 NAME	770 NE 195 St. apt
STREET ADDRESS	~~800 N.E. 195TH ST.~~	1.3 STREET ADDRESS	North Miami Beach, Fla
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	Gross, H.C., Treasurer ☐ Change ☐ Addition
NAME	~~MALTRAIT, JEAN-MARC~~	2.2 NAME	800 N.E. 195 St apt 218
STREET ADDRESS	~~6851 S.W. 60TH ST.~~	2.3 STREET ADDRESS	N Miami Beach, Fl 33179
CITY-ST-ZIP	MIAMI FL 33173	2.4 CITY-ST-ZIP	
TITLE	~~TT~~	3.1 TITLE	Aponte, Isael, Pres ☐ Change ☐ Addition
NAME	~~APONTE, ISAEL~~	3.2 NAME	770 N.E. 195 St
STREET ADDRESS	~~20505 N.E. 2ND AVE~~	3.3 STREET ADDRESS	N. Miami Beach, Fla 33179
CITY-ST-ZIP	~~MIAMI FL 33179~~	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	Gregg Feinberg, Director ☐ Change ☐ Addition
NAME	~~ROBERTS, TERE~~	4.2 NAME	3527 N.E. 168th St. apt 402
STREET ADDRESS	770 N.E. 195TH STREET	4.3 STREET ADDRESS	N. Miami Beach, Fl. 33160
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Mercado, Arnold Sec. ☐ Change ☐ Addition
NAME	~~DALAL, SIMON~~	5.2 NAME	2121 N.E. 206 St.
STREET ADDRESS	6851 S.W. 60TH ST.	5.3 STREET ADDRESS	N Miami Beach, Fl 33180
CITY-ST-ZIP	MIAMI FL 33173	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature], President — 4-12-1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044780