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FILED
Jul 09, 2002 8:00 am
Secretary of State
05-21-2002 91162 021 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770548

1. Entity Name
Carmel at the California Club Condo #3

DO NOT WRITE IN THIS SPACE

38255

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2. Principal Place of Business	3. Mailing Address
3300 University Dr.	3300 University Dr.
Suite, Apt. #, etc. #405	Suite, Apt. #, etc. #405
City & State Coral Springs, Fl	City & State Coral Springs, Fl
Zip 33065 Country USA	Zip 33065 Country USA

4. FEI Number 59-2339925 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: United Community Mgmt Corp
Street Address (P.O. Box Number is Not Acceptable): 3300 University Dr #405
City: Coral Springs FL Zip Code: 33065

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: United Community MGT Corp By [signature] 7/19/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE: P NAME: Blagrove, Michael STREET ADDRESS: 771 N.E. 199 St. #101 CITY-ST-ZIP: Miami, Fl. 33179-5807	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: VP NAME: Lena Miller STREET ADDRESS: 771 NE 199th St #207 CITY-ST-ZIP: Miami, Fl 33179-	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Sec/Treas NAME: Nadine Davidson STREET ADDRESS: 771 NE 199th St #206 CITY-ST-ZIP: Miami, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Blagrove
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #