

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 770939 (7)
1. Corporation Name

CARMEL AT THE CALIFORNIA CLUB PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: 2901 SIMMS STREET HOLLYWOOD FL 33020
Mailing Address: C/O DCI 2901 SIMMS ST. HOLLYWOOD FL 33020

3. Date Incorporated or Qualified: 10/26/1983
3a. Date of Last Report: 09/25/1995
4. FEI Number: 59-2360505
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

DCI
2901 SIMMS ST.
HOLLYWOOD FL 33020

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 617.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ATLAS, VICKI	
STREET ADDRESS	825 NE 199 ST. UNIT 108	
CITY-ST-ZIP	NORTH MIAMI FL 33179	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHAFFER, JOHN	
STREET ADDRESS	921 NE 199 ST., UNIT 106	
CITY-ST-ZIP	N. MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, MILLIE	
STREET ADDRESS	809 NBE 199 ST. UNIT 108	
CITY-ST-ZIP	N. MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PINES, SALLY	
STREET ADDRESS	903 NE 199 ST, #101	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROUSSO, SALLY	
STREET ADDRESS	811 NE 199TH ST #107	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWEITZER, JOYCE	
STREET ADDRESS	819 NE 199TH ST #103	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 199.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Vicki Atlas Pres 2/27/96 922-3514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)