## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

770939

(7)

Mailing Address

CARMEL AT THE CALIFORNIA CLUB PROPERTY OWNERS AS SOCIATION, INC.

2901 SIMMS STREET HOLLYWOOD FL 33020		C/O DCI 2901 SIMMS ST. HOLLYWOOD FL 33020-1510		3. Date incorporated or Qualified	3a. Date of Last Report	
					10/26/1983	03/15/1996
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2360505	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		A Fire Area Committee Fire Area Committee	
23		28	<del></del>		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country		Zip			This corporation has liability for intangible tax under s. 199,032,	
24	25 29 30		<del></del>	Florida Statutes Yes No		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
				B1 Name		
DCI			ŀ	82 Street Address (P.O. Box Number is Not Acceptable)		
2901 SIMMS ST.						
HOLLYW	OOD FL 33020			B3		
				B4 City		FL 85 Zip Code
office or re	o the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was	authorized	by the corp	corporation submits this statement for the poration's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered
SIGNATURE _						
12.	Signature typed or printed name of registered age	ent and little if applicable (NO D DIRECTORS	TE: Registered	Agent signature	required when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE CEDS AND DIDECTORS IN 12
TITLE	P	DELETE	1.1 TiT	F	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	ATLAS, VICKI		1,2 NA			
STREET ADDRESS	825 NE 199 ST. UNIT 108			REET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33179		1.4 01	Y-ST-ZIP		
TITLE	T .	☐ DELETE	2.1 111	LE		Change Addition
NAME	SCHAFFER, JOHN		2.2 NA	<b>V</b> E		
STREET ADDRESS	921 NE 199 ST., UNIT 106		2.3 ST	REET ADDRESS		
CITY - ST - ZIP	N. MIAMI FL 33179		2.4 CI	Y-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TIT	LE		Change Addition
NAME	ALLEN, MILLIE		3.2 NA	ME		
STREET ADDRESS	809 NBE 199 ST. UNIT 108		3.3 ST	REET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL 33179			Y-ST-20P		
TITLE	D	☐ DELETE	4.1 TIT	LE		Change Addition
NAME	PINES, SALLY		4. 2 N	ME		
STREET ADDRESS	903 NE 199 ST, #101		4.3 ST	REET ADDRESS	·	
CITY - ST-ZIP	MIAMI FL 33179			Y-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TfT			Change Addition
NAME	ROUSSO, SALLY		5.2 NA	ME		
STREET ADDRESS	811 NE 199TH ST #107		5.3 ST	REET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33179	1 87-7		Y-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TIT			Change Addition
NAME	SCHWEITZER, JOYCE		6.2 NA	ME		
STREET ADDRESS	819 NE 199TH ST #103		6.3 ST	REET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CI	Y-ST-ZIP	1	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97 Date

(305)840-5247 Davigne Phone & 0021246

**FILED** 

Feb 19 1997 8:00am

Secretary of State