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**Feb 05 1998 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1998**



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 AS
SOCIATION, 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**
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**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
City & State: **27**
Zip: **24** Country: **25** 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATLAS, VICKI	1.2 NAME	
STREET ADDRESS	825 NE 199 ST. UNIT 108	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33179	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFER, JOHN	2.2 NAME	
STREET ADDRESS	921 NE 199 ST., UNIT 108	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33179	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, MILLIE	3.2 NAME	
STREET ADDRESS	809 NBE 199 ST. UNIT 108	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33179	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	 PINES, SALLY	4.2 NAME	
STREET ADDRESS	903 NE 199 ST, #101	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSSO, SALLY	5.2 NAME	
STREET ADDRESS	811 NE 199TH ST #107	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEITZER, JOYCE	6.2 NAME	
STREET ADDRESS	819 NE 199TH ST #103	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: *John Schaffer* *TREASURER* *JOHN SCHAFER* *1/27/98* *954-922-3514*

CR2E037 (10/97)