


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90135 009 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 770939**

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/26/1983
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2360505
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	25	29
30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

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

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 checked="" type="checkbox"/> DELETE
NAME	ALLEN, MILLIE	
STREET ADDRESS	809 NBE 199 ST. UNIT 108	
CITY-ST-ZIP	N. MIAMI FL 33179	
TITLE	D	<input checked="" 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		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Manginelli, Grace	
3.3 STREET ADDRESS	927 N.E. 199th St, # 207	
3.4 CITY-ST-ZIP	N. Miami, FL 33179	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Levine, Ruth	
4.3 STREET ADDRESS	929 NE 199th Street # 106	
4.4 CITY-ST-ZIP	N. Miami, FL 33179	
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Suarez, Fred	
6.3 STREET ADDRESS	907 N.E. 199th Street, # 106	
6.4 CITY-ST-ZIP	N. Miami, FL 33179	

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, with all other like empowered.

SIGNATURE: *John Schaffer* **REMOVED** *HARRIS* 1/13/99 954-985-5699  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(11/98)