FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:14

DOCUMENT # 770951 (2)

1. Corporation Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "1" AS SOCIATION, INC.

Principal Place of Business	Mailing Address
8299 CORAL WAY MIAMI FL 33155	8299 CORAL WAY MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2352021 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o DCE	26 2901 Simms St
Suite, Apt. #, etc. 22 2901 Simms St.	Suite, Apt. #, etc. 27
City & State 23 Hollywood, FL	City & State 28 Hollywood FL
Zip 24 33020 Country 25 USA	Zip 29 33020 Country 30 USA

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PORTUONDO, JULIO GONZALEZ 8299 CORAL WAY MIAMI FL 33155	81 Name: Andrew Meyrowitz 82 Street Address (P.O. Box Number is Not Acceptable): c/o D.C.E. 83: 2901 Simms St 84 City: Hollywood, FL 85 State: FL Zip Code: 33020

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/24/95
Signature(s) and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	BILKIS, RON	12 NAME	PATRICIA KENNETT	
STREET ADDRESS	751 NE 199 ST #104	13 STREET ADDRESS	251 NE 199 St 204	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami FL 33179	
TITLE	SD	21 TITLE	VPSD	☐ Change ☒ Addition
NAME	KENNET, PAT	22 NAME	VALERIE NAHOUM	
STREET ADDRESS	751 NE 199TH ST #204	23 STREET ADDRESS	251 NE 199 St. 101	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami FL 33179	
TITLE		31 TITLE	KTD	☐ Change ☒ Addition
NAME		32 NAME	J.L KENNETT	
STREET ADDRESS		33 STREET ADDRESS	251 NE 199 St 204	
CITY-ST-ZIP		34 CITY-ST-ZIP	Miami FL 33179	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

REMITTED BY MAY 1

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 110.07(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: Patricia E. Kennett Patricia E. Kennett 4-3-95 6526615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008302