

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770951

1. Entity Name

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

Principal Place of Business

Mailing Address

2035 HARDING ST
SUITE 200
HOLLYWOOD FL 33020
US2035 HARDING ST
SUITE 200
HOLLYWOOD FL 33020
US

FILED

02 AUG 12 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

United Community Management 3300 University Dr
Suite, Apt. #, etc. #405 Suite, Apt. #, etc.

City & State

City & State

Coral Springs, FL

Coral Springs

Zip

Country

33065

USA

Zip

Country

33065

USA

4. FEI Number

59-2352021

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDREW MEYKOWITZ
2035 HARDING ST
SUITE 200
HOLLYWOOD FL 33020Name
United Community Management Corp
Street Address (P.O. Box Number is Not Acceptable)
3300 University Dr. #405

City Coral Springs FL Zip Code 33065

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE UNITED Community Mgt Corp

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/20/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PATRICIA KENNETT
STREET ADDRESS 751 NE 199TH ST APT 204
CITY-ST-ZIP MIAMI FL 33179 ☐ DeleteTITLE STD
NAME NAHOUM, VALERIE
STREET ADDRESS 751 NE 199TH ST APT 101
CITY-ST-ZIP MIAMI FL 33179 ☒ DeleteTITLE VD
NAME KENNETT, JAMES
STREET ADDRESS 751 NE 199TH ST APT 204
CITY-ST-ZIP MIAMI FL 33179 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE S.T.O.
NAME KAREN DICKOFF
STREET ADDRESS 751 NE 199TH ST APT 201
CITY-ST-ZIP MIAMI FL 33179 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Kennett Patricia Kennett 2/6/02 305-652-6615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/01)