


FILE NOW: FILING FEE IS \$61.25

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Apr 06, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770952

1. Corporation Name
CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM #2ND AS SOCIATION, INC.

Principal Place of Business C/O D.C.I. 2901 SIMMS ST. HOLLYWOOD FL 33020 US	Mailing Address C/O D.C.I. 2901 SIMMS CT HOLLYWOOD FL 33020 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/27/1983	4. FEI Number 59-2352019 Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent MEYROWITE, ANDREW C/O D.C.I. 2901 SIMMS CT 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 85 Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE TUA	1.2 NAME	<i>George TUA #202</i>
STREET ADDRESS	761 N.E. 199TH ST., #202	1.3 STREET ADDRESS	<i>761 N.E. 199th St. N.H.B. FL</i>
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<i>Ruthye TUA</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTHYE TUA	2.2 NAME	<i>Ruthye TUA</i>
STREET ADDRESS	761 N.E. 199TH ST., #202	2.3 STREET ADDRESS	<i>761 N.E. 199th St. #202 N.H.B., FLA</i>
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOA, BARBARA E LEVI	3.2 NAME	
STREET ADDRESS	761 N.E. 199TH ST SUITE 103	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>GRANT, SASI, Katie</i>	4.2 NAME	
STREET ADDRESS	<i>761 N.E. 199th St.</i>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<i>MIAMI, FL.</i>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *George TUA* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0021901

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