FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

771012

(2)

DOCUMENT # CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "5" AS SOCIATION, INC. \blacksquare

Principal Place	of Business	Mailing Address					
C/O DCI		C/O DCI					
2901 SIMMS ST HOLLYWOOD FL 33020 US		2901 SIMMS ST HOLLYWOOD FL 33020 US					
				3. Date Incorporated or Qualified 11/01/1983	3a. Date of Last I 05/01/1		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	<i>F</i>	Applied For
21		26			59-2352704	1	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00	🕽 Мау Ве	
23		28			Trust Fund Contribution	Added	d to Fees
Zip	Country	Z _I p	Cou	ntry	8. This corporation has liability for in		199.032,
24	25	29	30		Florida Statutes 10. Name and Address of New Re	Yes No	
	9. Name and Address of Currer	it Registered Agent		81 Name	To. Name and Address of New Ne	gratered Agent	
	_			Name			
	w meyrowitz		82		dress (P.O. Box Number is Not Acceptable	e)	
C/O DC				83			
	MMS ST			63			
HOLLYV	NOOD FL 33020			84 City		FL 85 Zip	Code
11. Pursuant t	to the provisions of Sections 617.0502	2 and 617,1508, Florida Statute	es, the abo	ve-named corp	oration submits this statement for the purp pard of directors. Thereby accept the appo	ose of changing its rentrient as registered	egistered office agent. I am
familiar wit	th, and accept the obligations of, Sec	tion 617.0503, Florida Statutes				-	
SIGNATURE .	Signature, typed or printed name of registered agen-	Land blic if applicance (NO	i [™] Begistered	Aga ri signaturi iricip	the flythist reduction of	DA*F	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS CHANG! S TO DEFK		
TITLE	PD	□ DELETE		TLE	☐ Change ☐ Addition		☐ Addition
NAME	KELLOCK, GLORIA		1.2 N	ME			
STREET ADDRESS	807 N.E. 199TH STREET		135	TREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CI	TY - ST - ZIP			
TIFLE	VPD	☐ DELETÉ	2 1 Tı	TLF		Change	Addition
NAME	JOHN MCFARLAND		22 N	AME			
STREET ADDRESS	807 NE 199 ST. #104		235	TREE! ADDRESS			
CITY - ST - ZIP	MIAMI FL		2.40	ITV - ST - ZIP			
TITLE	SD	□ DELETE	3 1 TI	TLF		Change	☐ Addition
NAME	ELBA GARCIA		32 N	AME			
STREET ADDRESS	807 NE 199 ST.		33S	REET ADDRESS			
CITY-ST-ZIF	MIAMI FL			ITY - ST - ZIP		-	- Name
TITLE		□DÉLÉTÉ	41∜	TLF .		Change	Addition
NAME			4.21	AME			
STREET ADDRESS			438	PREEL ADDRESS			
CITY-ST-ZIP				TY - ST - ZiP		F12	■ #22512
TITLE		□ DELETE	51 T			☐ Change	Addition
NAME			52 N	AME			
STREET ADDRÉSS			538	TREET ADDRESS			
CITY-S1-ZIP				ITY - ST - ZIP			— 13 mm
TITLE		☐ DELET E	611	ILE		Change	C Addition
NAME			62 N	AME			
STREET ADDRESS			638	TREET ADDRESS			
CITY - ST - ZiP			640	ITY-ST-ZIP			

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 119.07(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.

3-6-96 710-4272