

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90121 023 ****61.25

DOCUMENT # 771012

1. Entity Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "5" AS SOCIATION, INC.

Principal Place of Business

2035 HARDING ST
 200
 HOLLYWOOD FL 33020
 US

Mailing Address

2035 HARDING ST
 200
 HOLLYWOOD FL 33020
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

United Community Mgmt
 Suite, Apt. #, etc.
 # 405

3. Mailing Address

3300 University Dr
 Suite, Apt. #, etc.
 # 405

City & State
 Coral Springs, FL

City & State
 Coral Springs, FL

4. FEI Number
59-2352704

Applied For
 Not Applicable

Zip Country
 33065 USA

Zip Country
 33065 USA

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

6. Name and Address of Current Registered Agent

ANDREW MEYROWITZ
 C/O BCI
 2901 SWMS ST
 HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name
 United Community Management
 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 COMM. MGT CO. [Signature] [Signature] 4/20/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHN MCFARLAND	
STREET ADDRESS	807 NE 199 ST. #104	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ELBA GARCIA	
STREET ADDRESS	807 NE 199 ST.	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MOHAMED, C	
STREET ADDRESS	807 NE 199 ST # 204	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-02 305-653-4370

CF2E037 (9/01)