


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90002 049 ****61.25

DOCUMENT # 771012							
1. Entity Name CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "5" ASSOCIATION, INC.							
Principal Place of Business UNITED COMMUNITY MANAGEMENT 3300 UNIV. DR. #405 CORAL SPRINGS, FL 33-0651 US			Mailing Address UNITED COMMUNITY MANAGEMENT 3300 UNIV. DR. #405 CORAL SPRINGS, FL 33-0651 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2352704			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
UNITED COMMUNITY MANAGEMENT 3300 UNIVERSITY DR #405 CORAL SPRINGS, FL 33-0651			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROSS, RICHARD		NAME	Kurstadter, Antoinette			
STREET ADDRESS	807 NE 199 ST. #201		STREET ADDRESS	807 NE 199 Street # 202			
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP	Miami, FL. 33179			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ELBA GARCIA		NAME	Atlas, Vicki			
STREET ADDRESS	807 NE 199 ST.		STREET ADDRESS	827 NE 199 street # 104			
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP	Miami, FL. 33179			
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AYERS, VICKI		NAME				
STREET ADDRESS	827 NE 199TH ST. #104		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: <i>Elba Garcia Pres, Elba Garcia</i>			Date: <i>4/1/04</i> (305) 249-9696				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #				