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Mar 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 771013 (0)

1. Corporation Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "6" ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O DCI  
2901 SIMMS ST  
HOLLYWOOD FL 33020  
US

C/O DCI  
2901 SIMMS ST  
HOLLYWOOD FL 33020-1510  
US

3. Date Incorporated or Qualified  
11/01/1983

3a. Date of Last Report  
06/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-2360495

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEYROWITZ, ANDREW  
C/O DCI  
2901 SIMMS ST  
HOLLYWOOD FL 33020

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME PARKER, LISA  
STREET ADDRESS 819 NW 199TH ST. #101  
CITY-ST-ZIP MIAMI FL

1.1 TITLE PRESIDENT  Change  Addition  
1.2 NAME PARKER, LISA  
1.3 STREET ADDRESS 819 NW 199th St, #105  
1.4 CITY-ST-ZIP WMB, FL 33179

TITLE SD  DELETE  
NAME SLOBAN, STUART  
STREET ADDRESS 819 NW 199TH ST. #204  
CITY-ST-ZIP MIAMI FL

2.1 TITLE Secretary  Change  Addition  
2.2 NAME NEUMAN, LISA  
2.3 STREET ADDRESS 819 NE 199th #207  
2.4 CITY-ST-ZIP WMB, FL 33179

TITLE PD  DELETE  
NAME PERLMAN, PAULINE  
STREET ADDRESS 819 N.W. 199TH ST #107  
CITY-ST-ZIP MIAMI FL

3.1 TITLE TREASURER  Change  Addition  
3.2 NAME MCCRARY, CATHY  
3.3 STREET ADDRESS 819 NE 199 St #101  
3.4 CITY-ST-ZIP WMB, FL 33179

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

*Lisa Parker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97

Date

Daytime Phone # 0021406

CR2E037 (9/96)