

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90032 025 ****61.25

DOCUMENT # 771013

1. Entity Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "6" AS

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2360495

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: PARKER, LISA
 STREET ADDRESS: 819 NE 199 ST #105
 CITY-ST-ZIP: N MIAMI BCH FL
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: SD
 NAME: NEUMAN, LISA
 STREET ADDRESS: 819 NE 199 ST #207
 CITY-ST-ZIP: N MIAMI BCH FL 33179
 Delete

TITLE: TREASURER
 NAME: CABALLERO, CHRIS
 STREET ADDRESS: 819 NE 199 ST #206
 CITY-ST-ZIP: NMB, FL 33179
 Change Addition

TITLE: VPD
 NAME: MCCRARY, CATHY
 STREET ADDRESS: 819 NE 199 ST #101
 CITY-ST-ZIP: N MIAMI BCH FL
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Delete

TITLE: _____
 NAME: _____
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 CITY-ST-ZIP: _____
 Change Addition

TITLE: _____
 NAME: _____
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 CITY-ST-ZIP: _____
 Delete

TITLE: _____
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 CITY-ST-ZIP: _____
 Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

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:

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

Date

Daytime Phone #

1.14.00 (305) 370-0060