

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-23-2002 90121 025 ****61.25

DOCUMENT # 771014

1. Entity Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "7" AS SOCIATION, INC.

Principal Place of Business

Mailing Address

~~2035 HARDING STREET
 STE 200
 HOLLYWOOD FL 33020
 US~~

~~2035 HARDING STREET
 STE 200
 HOLLYWOOD FL 33020
 US~~

2. Principal Place of Business

3300 University Dr

3. Mailing Address

3300 University Dr.

Suite, Apt. #, etc.

#405

Suite, Apt. #, etc.

#405

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33065

Country

USA

Zip

33065

Country

USA

4. FEI Number

59-2360496

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MEYROWITZ, ANDREW
 2035 HARDING STREET
 STE. 200
 HOLLYWOOD FL 33020~~

7. Name and Address of New Registered Agent

Name: United Community Management Corp
 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 COMMUNITY MGT CORP

[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

TITLE	PD	<input type="checkbox"/> Delete
NAME	NEASMAN, IRA	
STREET ADDRESS	809 NE 199 #204	
CITY-ST-ZIP	N. MIAMI BCH., FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TERRY, CLAUDIE	
STREET ADDRESS	809 NE 199 ST #102	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARCELONA, DONNA	
STREET ADDRESS	809 N.E. 199 STREET, #201	
CITY-ST-ZIP	N. MIAMI BEACH FL	
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	
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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: Donna Barcelona

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-02 305 945 7631

CR2E037 (9/01)