

05-16-2002 90048 009 \*\*\*\*61.25

**NOT-FOR-PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **771289** ✓  
 1. Entity Name  
**Carmel at the California Club Condominium**  
**"9" Association, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**3300 University Dr.**  
 Suite, Apt. #, etc. **# 405**

3. Mailing Address  
**3300 University Dr.**  
 Suite, Apt. #, etc. **# 405**

DO NOT WRITE IN THIS SPACE

City & State  
**Coral Springs, FL**  
 Zip **33065** Country **USA**

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4. FEI Number \_\_\_\_\_ Applied For  
 Not Applicable

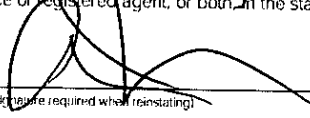
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current 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 COMMUNITY MGT. CORP.**  **4/26/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<b>PD</b>	<b>PRESIDENT</b>	<b>STANLEY GELLER APT-204</b>	<b>781 NE 199 ST</b>				
		<b>MIAMI, FL</b>	<b>33179</b>				
<b>SD</b>	<b>Alice Wilson</b>	<b>APT 107</b>	<b>781 NE 199 ST</b>				
		<b>MIAMI, FL</b>	<b>33179</b>				
		<b>(SECRETARY)</b>					
<b>TD</b>	<b>TREASURER</b>	<b>HARRIS, SAURA</b>	<b>APT # 202</b>				
		<b>781 NE 199 ST</b>					
		<b>MIAMI, FL</b>	<b>33179</b>				

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Stanley Geller (President)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037B (12/01)