

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

04-08-2004 90002 047 \*\*\*\*61.25

**DOCUMENT # 771289**

1. Entity Name  
**CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "9"  
ASSOCIATION, INC.**



Principal Place of Business

**3300 UNIVERSITY DR  
#405  
POMPAÑO BEACH, FL 33065 US**

Mailing Address

**3300 UNIVERSITY DR  
#405  
POMPAÑO BEACH, FL 33065 US**

**DO NOT WRITE IN THIS SPACE**



03262004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2378230</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**UNITED COMMUNITY MANAGEMENT  
3300 UNIVERSITY DR #405  
POMPAÑO BEACH, FL 33065**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GELLER, STAN
STREET ADDRESS	781 N.E. 199 ST.
CITY-ST-ZIP	MIAMI, FL

TITLE	DS
NAME	WILSON, ALICE
STREET ADDRESS	781 N.E. 199TH ST.
CITY-ST-ZIP	MIAMI, FL

TITLE	VPD
NAME	SAFRA, HARRIS
STREET ADDRESS	781 N.E. 199TH ST.
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #