


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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

**DOCUMENT # N01335 (1)**  
 1. Corporation Name  
**CARMEL AT THE CALIFORNIA CLUB CONDOMONIUM "11" ASSOCIATION, INC.**



Principal Place of Business: **C/O DCI 2901 SIMMS ST. HOLLYWOOD FL 33020-1510**

Mailing Address: **C/O DCI 2901 SIMMS ST. HOLLYWOOD FL 33020-1510**

3. Date Incorporated or Qualified: **02/09/1984**

4. FEI Number: **59-2431859**

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

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Sulte, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**DEVELOPMENT CONSULTANTS INC. 2901 SIMMS ST. HOLLYWOOD FL 33020-1510**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILARELLO, ALEX	1.2 NAME	<i>D (NOT P)</i>
STREET ADDRESS	821 NE 199TH STREET UNIT 102	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUOMA, JHON F	2.2 NAME	<del>XXXXXXXXXXXXXXXXXXXX</del>
STREET ADDRESS	821 N.E. 199TH ST. APT. 104	2.3 STREET ADDRESS	<del>XXXXXXXXXXXXXXXXXXXX</del>
CITY-ST-ZIP	N. MIAMI BCH. FL 33179	2.4 CITY-ST-ZIP	<del>XXXXXXXXXXXXXXX</del>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<i>(XXXXXXXXXX)</i> President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, CHRISTINE	3.2 NAME	
STREET ADDRESS	821 NE 199TH ST 204	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<del>XXXXXXXXXX</del> TS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELAINE MINZIT	4.2 NAME	
STREET ADDRESS	821 N.E. 199TH ST., #202	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<i>D</i>
STREET ADDRESS		5.3 STREET ADDRESS	Taylor, Rhona
CITY-ST-ZIP		5.4 CITY-ST-ZIP	821 N.E. 199th Street Miami, FL 33179
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *[Signature]* 2/20/98 1305 653-7109

CR2E037 (10/97)