

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-23-2000 90036 047 ****61.25

DOCUMENT # N01335

1. Entity Name *

CARMEL AT THE CALIFORNIA CLUB CONDOMONIUM "11" A

Principal Place of Business

Mailing Address

C/O DCI
 2901 SIMMS ST.
 HOLLYWOOD FL 33020-1510

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 2901 SIMMS ST.
 HOLLYWOOD FL 33020-1510

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2431859

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

DEVELOPMENT CONSULTANTS INC.
2901 SIMMS ST.
HOLLYWOOD FL 33020-1510

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D	VILARELLO, ALEX	821 NE 199TH STREET UNIT 102 MIAMI FL 33179	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	TSD	TAYLOR, RHOMA	821 N.E. 194TH STREET N. MIAMI BCH. FL 33179	<input checked="" type="checkbox"/>		TSD	ELAINE MOORE	821 NE 199 ST. Ste 202 - N.M.B.F.I.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	PD	COLLINS, CHRISTINE	821 NE 199TH ST 204 MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	V	MOORE, ELAINÉ	821 NE 199TH STREET, SUITE 202 N. MIAMI BCH FL	<input checked="" type="checkbox"/>		Rhonda Taylor	821 NE 194 ST N.M.B.F.I. 33179		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

3/20/00

Date

Daytime Phone #

CR2E037 (9/99)