

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

0001457

DOCUMENT # N01335

1. Entity Name

CARMEL AT THE CALIFORNIA CLUB CONDOMONIUM "11" A

04-24-2001 90327 007 ****61.25

Principal Place of Business

Mailing Address

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

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

0001457



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2035 Harding St
 Suite, Apt. #, etc.
 Suite 200

3. Mailing Address

2035 Harding St
 Suite, Apt. #, etc.
 Suite 200

City & State

Hollywood, FL
 Zip
 33020 Country
 U.S.

City & State

Hollywood, FL
 Zip
 33020 Country
 U.S.

4. FEI Number

59-2431859

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Andrew Meyrowitz
 Street Address (P.O. Box Number is Not Acceptable): C/O DCI
 2035 Harding St Suite 200
 City: Hollywood FL Zip Code: 33020

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MOORE, ELAINE 821 N.E. 194TH STREET N. MIAMI BCH. FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, CHRISTINE 821 NE 199TH ST 204 MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, RHONDA 821 NE 199TH STREET, SUITE 202 N. MIAMI BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD moore, Elaine 821 N.E. 194th St #202 N. Miami, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Villarejo, Alex 821 N.E. 194th St #101 N. Miami, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Taylor, Rhonda 821 N.E. 194th St #101 N. Miami, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Rhonda Taylor - President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 MAR 01
 Date

305 652 2852
 Daytime Phone #

CR2E037 (10/00)