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FILED
Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **N01336** (9)
1. Corporation Name
CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM #12^A ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **02/09/1984** 3a. Date of Last Report **04/26/1996**
4. FEI Number **59-2431861** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
DCI
2901 SIMMS STREET
HOLLYWOOD FL 33020-1510

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GLASSMAN, HEATHER	
STREET ADDRESS	823 N.E. 199TH ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	IGLESIAS, ADELIA	
STREET ADDRESS	823 N.E. 199TH STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DIAZ, WILLIAM	
STREET ADDRESS	823 N.E. 199TH ST.	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	PINEDA, SYLVIA
2.4 CITY-ST-ZIP	823 N.E. 199TH STREET N. MIAMI BEACH FL 33179
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	900002111319
5.3 STREET ADDRESS	-03/12/97--01071--021
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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. 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.

Heather Glassman, Pres. Heather Glassman, Pres. (305) 692-8464