

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
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DOCUMENT # **N04450** (5)

1. Corporation Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "14" ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% DCI
2901 SIMMS STREET
HOLLYWOOD FL 33020-1510

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2901 SIMMS STREET
HOLLYWOOD FL 33020-1510

3. Date Incorporated or Qualified

07/30/1984

4. FEI Number

59-2564923

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DCI
2901 SIMMS STREET
HOLLYWOOD FL 33020-1510

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOSS, SANDRA	
STREET ADDRESS	911 NE 199TH STREET #104	
CITY-ST-ZIP	MIAMI FL 33179	

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Garcia, Hector	
1.3 STREET ADDRESS	911 N.E. 199th Street, No 202	
1.4 CITY-ST-ZIP	Miami, FL 33179	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	MAKOL, LINDA	
STREET ADDRESS	911 N.E. 199TH ST.	
CITY-ST-ZIP	MIAMI FL 33179	

2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vogler, Jim	
2.3 STREET ADDRESS	911 N.E. 199th Street, No 101	
2.4 CITY-ST-ZIP	North Miami, FL 33179	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WIGGINS, KEVIN	
STREET ADDRESS	911 NE 199TH ST #105	
CITY-ST-ZIP	MIAMI FL 33179	

3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

K. Moss President

8/12/98

CR2E037 (10/97)