

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Murrain
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 20 PM 2:45

TALLAHASSEE, FLORIDA

DOCUMENT # **N07652** (3)

1. Corporation Name
CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "16" ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
8299 CORAL WAY MIAMI FL 33155
8299 CORAL WAY MIAMI FL 33155

3. Date first organized or qualified: **02/15/1985** 3a. Date of Last Report: **04/29/1994**
 4. FEI Number: **59-2564859** 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
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 199(1)(2), Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **NO DATA** 26 **NO DATA**
 Suite, Apt. #, etc. 22 **2901 Simms St.** 27 **2901 Simms St.**
 City & State 23 **Hollywood, FL.** 28 **Hollywood, FL.**
 Zip Country 24 **33020** 25 **USA** 29 **33020** 30 **USA**

9. Name and Address of Current Registered Agent
PORTUONDO, JULIO GONZALEZ
8299 CORAL WAY
MIAMI FL 33155

10. Name and Address of New Registered Agent
 81 Name: **Andrew McElrowitz**
 82 Street Address (P.O. Box Number is Not Acceptable): **NO DATA**
 83 City & State: **2901 Simms St.**
 84 City: **Hollywood** FL 85 Zip Code: **33020**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* 2/2/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: PD	12 NAME: NEWMAN, TERESA	11 TITLE: PD	12 NAME: DEEPAK <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13 STREET ADDRESS: 935 NE 199TH ST. #207	14 CITY, ST, ZIP: N. MIAMI BEACH FL 33179	13 STREET ADDRESS: 935 NE 199th St - #105	14 CITY, ST, ZIP: NMB, FL 33179
11 TITLE: STD	12 NAME: LEE, JAQUEYN	11 TITLE: VD	12 NAME: VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13 STREET ADDRESS: 935 NE 199TH ST #107	14 CITY, ST, ZIP: N MIAMI BEACH FL 33179	13 STREET ADDRESS: JACOBS, LINDA - #208	14 CITY, ST, ZIP: NMB FL 33179
11 TITLE: VD	12 NAME: DONAHUE, CAROLYN	11 TITLE: SD	12 NAME: SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13 STREET ADDRESS: 935 NE 199TH ST #202	14 CITY, ST, ZIP: N MIAMI FL 33179	13 STREET ADDRESS: NEWMAN, TERESA #207	14 CITY, ST, ZIP: NMB 33179
11 TITLE: TD	12 NAME: TRESURER	11 TITLE: TD	12 NAME: TRESURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
13 STREET ADDRESS: LEE JAQUELYN #107	14 CITY, ST, ZIP: NMB 33179	13 STREET ADDRESS: [Signature]	14 CITY, ST, ZIP: [Signature]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.021(1)(a), 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 117, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Teresa Newman, Secretary* 2/18/95 63Y-8800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR