

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90121 031 ****61.25

DOCUMENT # N07652

1. Entity Name

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

Principal Place of Business

Mailing Address

% DCI
 2035 HARDING STREET, STE. 200
 HOLLYWOOD FL 33020

% DCI
 2035 HARDING STREET, STE. 200
 HOLLYWOOD FL 33020

2. Principal Place of Business

3300 University Dr.
 Suite, Apt. #, etc.
 #405

3. Mailing Address

3300 University Dr.
 Suite, Apt. #, etc.
 #405



DO NOT WRITE IN THIS SPACE

City & State
 Coral Springs, FL

Zip Country
 33065 USA

City & State
 Coral Springs, FL

Zip Country
 33065 USA

4. FEI Number

59-2564859

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYROWITZ, ANDREW
 % DCI
 2035 HARDING STREET, STE. 200
 HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name: United Community Management
 Street Address (P.O. Box Number is Not Acceptable):
 3300 University Dr # 405
 City: Coral Springs FL Zip Code: 33065

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

UNITED COMM. MGT CORP *Andrew Meyrowitz* *4/21/02*

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	<input type="checkbox"/> Delete
PD	NEWMAN, TERESA	935 NE 199TH STREET 207	N. MIAMI BEACH FL 33179	<input type="checkbox"/>
VPD	CHINYE, ERNEST	935 NE 199TH ST #206	N MIAMI BEACH FL 33179	<input checked="" type="checkbox"/>
STD	HIDDO, TRACY	935 NE 199TH ST. #102	N MIAMI BEACH FL 33179	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PAULETTE COUDIN	935 NE 199th St # 104	U miami Bch, FL 33179	<input checked="" type="checkbox"/>
	INGRID CARRIES	935 NE 199th St # 208	N miami Bch, FL 33179	<input checked="" 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:

TERESA NEWMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02

Date

Daytime Phone #

CR2E037 (9/01)