

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-27-2002 90416 006 ****61.25

**NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

96292

DOCUMENT # NO9940
 1. Entity Name
Carmel at the California Club Condominium "17"
 Association, Inc.

DO NOT WRITE IN THIS SPACE

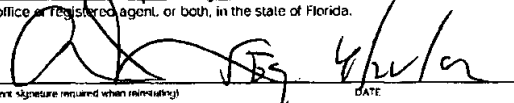
| | |
|---|---|
| 2. Principal Place of Business <u>3300 University Dr. Suite, Apt. #, etc. #405</u> | 3. Mailing Address <u>3300 University Dr. Suite, Apt. #, etc. #405</u> |
| City & State <u>Coral Springs FL</u> | City & State <u>Coral Springs FL</u> |
| Zip <u>33065</u> | Zip <u>33065</u> |
| Country <u>USA</u> | Country <u>USA</u> |

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 7. Name and Address of Current Registered Agent | |
| Name: <u>United Community Management</u> | |
| Street Address (P.O. Box Number is Not Acceptable): <u>3300 N. University Dr. #405</u> | |
| City: <u>Coral Springs</u> | FL Zip Code: <u>33065</u> |

**DO NOT WRITE
 IN THIS SPACE**

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  DATE: 7/1/02

Signature, typed or printed name of registered agent and UBR if applicable (NOTE: Registered Agent Signature required when re-registering)

**FEE IS \$61.25
 Initial or Amended UBR**

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 | <u>President D Joy I. Shupnick 933 NE 199 ST. #107 MIAMI, FL. 33179</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Vice President D Christy L. Gage 933 NE 199 ST. #106 MIAMI, FL. 33179</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Secretary/Treasurer D G.L.C.A. Couri 933 NE 199 ST. #207 MIAMI, FL. 33179</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joy I. Shupnick (Joy I. SHUPNICK) 7/1/02 305-773-0364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #