


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09948** (3)  
1. Corporation Name  
**CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "22" A  
SSOCIATION, INC.**

Principal Place of Business	Mailing Address
% DCI 2901 SIMMS STREET HOLLYWOOD FL 33020 US	% DCI 2901 SIMMS STREET HOLLYWOOD FL 33020 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

06/25/1985

4. FEI Number

59-2564926

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. 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

MEYROWITZ, ANDREW  
% DCI  
2901 SIMMS ST.  
HOLLYWOOD FL 33020

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 checked="" type="checkbox"/> DELETE
NAME	TURK, PHYLLIS	
STREET ADDRESS	931 N.E. 199TH ST. #203	
CITY-ST-ZIP	MIAMI FL	
TITLE	VO	<input checked="" type="checkbox"/> DELETE
NAME	SAWRANSKY, SAM	
STREET ADDRESS	931 N.E. 199TH ST. #013	
CITY-ST-ZIP	MIAMI FL	
TITLE	Secretary S.D.	<input type="checkbox"/> DELETE
NAME	PENNETTI, LORRAINE	
STREET ADDRESS	931 N.E. 199TH ST., #201	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	Vice President V.P.D.	<input type="checkbox"/> DELETE
NAME	NELSON, ROLAND	
STREET ADDRESS	931 N.E. 199TH STREET	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	President P.D.	<input type="checkbox"/> DELETE
NAME	ELKIN, PAULETTE	
STREET ADDRESS	931 N.E. 199TH STREET	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
5.3 STREET ADDRESS	
5.4 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:

*Paulette Elkin*

3/6/98

305-654-7512

CR2E037 (10/97)