

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90135 005 \*\*\*\*61.25

0021920

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N09948**

1. Corporation, Name

**CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "22" ASSOCIATION, INC.**

Principal Place of Business

% DCI  
 2901 SIMMS STREET  
 HOLLYWOOD FL 33020  
 US

Mailing Address

% DCI  
 2901 SIMMS STREET  
 HOLLYWOOD FL 33020  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**06/25/1985**

21 Suite, Apt. #, etc.

26 Suite, Apt. #: etc.

4. FEI Number

**59-2564926**

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

NAME **SD PENNETTI, LORRAINE**  
 STREET ADDRESS **931 N.E. 199TH ST., #201**  
 CITY-ST-ZIP **MIAMI FL 33170**

1.1 TITLE  Change  Addition

TITLE  DELETE

NAME **VPD NELSON, ROLAND**  
 STREET ADDRESS **931 N.E. 199TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33170**

2.1 TITLE  Change  Addition

TITLE  DELETE

NAME **PD ELKIN, PAULETTE**  
 STREET ADDRESS **931 N.E. 199TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33170**

3.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition

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, with all other like empowered.

SIGNATURE:

*Katherine Harris*  
**SIGNATURE REQUIRED**

4/15/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)