

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09948

1. Entity Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "22" A

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90074 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

% DCI  
 2901 SIMMS STREET  
 HOLLYWOOD FL 33020  
 US

% DCI  
 2901 SIMMS STREET  
 HOLLYWOOD FL 33020-1510  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2564926

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Pauline DeLoire*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00

Date

Daytime Phone #

3056547512

CR2E037 (9/99)