

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90458 002 \*\*\*\*61.25

**DOCUMENT # N09948**

1. Entity Name

**CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "22" A**

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

3. Mailing Address

2035 Harding St.

2035 Harding St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Hollywood, FL

Hollywood, FL

Zip

Country

Zip

Country

33020 U.S.

33020 U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2564926

Applied For

Not Applicable

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

2035 Harding St. Suite 200  
 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  
 NAME PENNETTI, LORRAINE ☐ Delete  
 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  
 NAME NELSON, ROLAND ☐ Delete  
 STREET ADDRESS 931 N.E. 199TH STREET  
 CITY-ST-ZIP MIAMI FL 33170

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE PD  
 NAME ELKIN, PAULETTE ☐ Delete  
 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/01 3056577572

CR2E037 (10/00)