

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90121 035 ****61.25

DOCUMENT # N09948

1. Entity Name

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

Principal Place of Business

2035 HARDING ST
 SUITE 200
 HOLLYWOOD FL 33020
 US

Mailing Address

2035 HARDING ST
 SUITE 200
 HOLLYWOOD FL 33020
 US

2. Principal Place of Business

3300 University Dr.
 Suite, Apt. #, etc. #405
 City & State Coral Springs, FL
 Zip 33065 Country USA

3. Mailing Address

3300 University Dr.
 Suite, Apt. #, etc. #405
 City & State Coral Springs, FL
 Zip 33065 Country USA



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

MEYROWITZ, ANDREW
 % DCI
 2035 HARDING ST SUITE 200
 HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name United Community Management
 Street Address (P.O. Box Number is Not Acceptable) 3300 University Dr #405
 City Coral Springs FL Zip Code 33065

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 UNITE Comm. Mgt Corp

(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

TITLE	SSD	<input type="checkbox"/> Delete
NAME	PENNETTI, LORRAINE	
STREET ADDRESS	931 N.E. 199TH ST., #201	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NELSON, ROLAND	
STREET ADDRESS	931 N.E. 199TH STREET	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	PD	<input checked="" 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

ROLAND NELSON 1/30/02 (305) 652-2691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #