

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90261 004 ****61.25

DOCUMENT # N09948

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



Principal Place of Business
**3300 UNIVERSITY AVE
#405
CORAL SPRINGS, FL 33065 US**

Mailing Address
**3300 UNIVERSITY AVE
#405
CORAL SPRINGS, FL 33065 US**

44026047



03262004 No Chg-NP CR2E037 (10/03)

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

**UNITED COMMUNITY MANAGEMENT
3300 UNIVERSITY DR #405
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROLAND E NELSON PRES 305 652-691

4/1/04