



FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90231 009 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2564926	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED COMMUNITY MANAGEMENT 3300 UNIVERSITY DR #405 CORAL SPRINGS FL 33065			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE _____ NAME SD PENNETTI, LORRAINE STREET ADDRESS 931 N.E. 199TH ST., #201 CITY-ST-ZIP MIAMI FL 33170 <input type="checkbox"/> Delete			TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME PD NELSON, ROLAND STREET ADDRESS 931 N.E. 199TH STREET CITY-ST-ZIP MIAMI FL 33170 <input type="checkbox"/> Delete			TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME VPD ELKIN, PAULETTE STREET ADDRESS 931 N.E. 199TH STREET CITY-ST-ZIP MIAMI FL 33170 <input type="checkbox"/> Delete			TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> Delete			TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> Delete			TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

CR2E037 (10/02)