

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 AM 9:14

DOCUMENT # **N11334** (2)

1. Corporation Name
CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "23" ASSOCIATION, INC.

Principal Place of Business Mailing Address
~~4300 CORAL WAY MIAMI FL 33155~~ ~~6290 CORAL WAY MIAMI FL 33155~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/01/1985	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0037258	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 D.C.I. Suite, Apt. #, etc.	2a. Mailing Address 26 D.C.I. Suite, Apt. #, etc.
22 2901 Simms Street City & State	27 2901 Simms Street City & State
23 Hollywood, FL	28 Hollywood, FL
24 Zip 33020	25 Country Broward
29 Zip 33020	30 Country Broward

9. Name and Address of Current Registered Agent
~~PORTUONDO, JULIO GONZALEZ~~
~~4300 CORAL WAY MIAMI FL 33155~~

10. Name and Address of New Registered Agent

81 Name Andrew Meyrowitz
82 Street Address (P.O. Box Number is Not Acceptable) e/o D.C.I.
83 2901 Simms Street
84 City Hollywood
85 Zip Code FL 33020

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Ruth J. Levine* (NOTE: Registered Agent signature required when re-registering) DATE 4/10/95

12. OFFICERS AND DIRECTORS

TITLE VPD	GONZALEZ, NORA RUTH J. LEVINE
NAME	929 NE 199 ST., #402 106
STREET ADDRESS	MIAMI FL
CITY - ST - ZIP	
TITLE STD TREA.	LEVINE, RUTH ELIZABETH ARENA
NAME	929 N.E. 199TH ST., #400 206
STREET ADDRESS	MIAMI FL
CITY - ST - ZIP	
TITLE STD SEC.	HANSON, SANDRA
NAME	929 N.E. 199TH ST., #202
STREET ADDRESS	MIAMI FL
CITY - ST - ZIP	
TITLE PD	MARCUS, PAT RICHARD W. BRADLEY
NAME	929 N.E. 199TH ST., #200 105
STREET ADDRESS	MIAMI FL
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ruth J. Levine* **RUTH J. LEVINE** #13/95-305-653-2581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #