NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

ANNU	RPORATION Sandra B. Mortham UAL REPORT Secretary of State				
	1996	DIVISION OF C	CORPORATIONS		
1. Corporation					
CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "23" ASSOCIATION, INC.					
Principal Place of Business Mailing Address					
C/O D.C.I. C/O D.C.I.					
	2901 SIMMS STREET 2901 SIMMS STREET			Date Incorporated or Qualified	3a. Date of Last Report
HOLLYWOOD, FL33020 US 2. Principal Place of Business 2a. Mailing Address			L, 33020	10/01/1985	05/01/1994
2. Principal P	-	2a. Mailing Address			Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	. =	65-0037258	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Hequired
City & State	 -	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7 ip	Country	Zip	Country	This corporation has liability for in	
24	25	29	30		Yes No
	9. Name and Address of Current Re	gistered Agent		10. Name and Address of New Reg	pistered Agent
	MENDOUTEZ ANDDEU		B1 Name	DREW MEYROWITZ	
82 Street Address (I				iress (P.O. Box Number is Not Acceptabl	e)
C/O D.C.I. 2901 SIMMS STREET 83					
	HOLLYWOOD, FL. 33020		2901	SIMMS STREET	
B4 City HOLLYWOOD					FL 85 Zip Code 33020
11. Pursuant	to the provisions of Sections 617 0502 an egistered agent, or both, in the State of F	d 617.1508, Florida Statute	es, the above-named cor	poration submits this statement for the pr	
office or r agent. I a	egistered agent, or both, in the State of F m familiar with, and accept the obligation	lorida. Such change was a s of, Section 617.0503, Flo	iuthorized by the corpora irida Statutes.	ation's hoard of directors. Frereby accep	it the appointment as registered
SIGNATURE .					
12.	Signature ityped or printed martie of registered agent and OFFICERS AND DI		Registereo Agent signature recui	ared when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
THLE		DELETE	1 1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME	VPD		1.2 NAME		
STREET ADDRESS	LEVINE, RUTH J. 929 NE 199 ST. # 106		1 3 STREET ADDRESS		
CiTY-ST-ZIP	MIAMI FL.		1 4 CiTY - ST - ZIP		
1011.6	T	DELETE	2 1 TITLE		Change Addition
NAME	ARENA, ELIZABETH		2 2 NAME		
STREET ADDRESS	929 N.E. 199th ST. #	206	2 3 STREET ADORESS 2 4 CITY-SI-ZIP		
TITLE	MIAMI FL	DELETE	3 1 TITLE		Change Addition
NAME	S		3 2 NAME		
STREET ADDRESS	HANSON, SANDRA		3 3 STHEET ADDRESS		
CITY-ST-ZIP	929 N.E. 199th ST. #:		3 4. CITY - ST - ZIP		Change Addition
TITLE	PD	☐ DELETE	4 1 TITLE		Change Addition
NAME CLOSE LADDRECC	BRADLEY, RICHARD W.		4 2 NAME 4 3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	929 N.E 199th ST. #	105	4 4 CITY-ST-ZIP		
TITLE	MIAMI, FL	DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREFT ADDRESS		
CITY - ST - ZIP			5 4 CITY-ST-ZIP		**************************************
TITLE		DELETE	6 1 TITLE	7000017E -04/04/96010	Crange Addition
NAME CIRCLI ADERECO			6 2 NAME	***81.25	14 616
STREET ADDRESS			6 3 STREET ADDRESS 6 4 CITY- ST- ZIP	**************************************	
CITY-ST-7/P	ay partify that the information as an included	th this films in voluntarily for		alifu for the exemption stated in Section	119 07/3\/k\ Florida Statutes 1

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 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 617. 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. Lewing of Signature and Typed of Frinted Name of Signing Officer on Director

Daylime Phone #