

5/23

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

05-23-2002 90121 036 ****61.25

DOCUMENT # N11334

1. Entity Name

**CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "23" A
 ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~2035 HARDING ST
 STE 200
 HOLLYWOOD FL 33020
 US~~

~~2035 HARDING ST
 STE 200
 HOLLYWOOD FL 33020
 US~~

2. Principal Place of Business

3. Mailing Address

**3300 University Dr.
 Suite, Apt. #, etc.
 #405**

**3300 University Dr.
 Suite, Apt. #, etc.
 #405**

City & State

City & State

**Coral Springs, FL
 Zip
 33065 Country
 USA**

**Coral Springs, FL
 Zip
 33065 Country
 USA**

4. FEI Number

65-0037258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEYROWITZ, ANDREW
 C/O D.C.N.
 2035 HARDING ST-SUITE 200
 HOLLYWOOD FL 33020**

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.

SIGNATURE **UNITED COMM. MGT. COLL.**

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Delete
 NAME **LEVINE, RUTH J.**
 STREET ADDRESS **929 NE 199 ST. #108**
 CITY-ST-ZIP **MIAMI FL**

TITLE **Fred Bing D.** ☐ Change ☐ Addition
 NAME **831 NE 199 ST #102**
 STREET ADDRESS **MIAMI, FL 33179**
 CITY-ST-ZIP

TITLE **PD**
 NAME **TORRES, JUAN** ☒ Delete
 STREET ADDRESS **929 NE 199 STREET #204**
 CITY-ST-ZIP **NORTH MIAMI FL 33179**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **SCOTT, STEPHANIE** ☒ President
 STREET ADDRESS **929 NE 199 ST #105**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/02

CR2E037 (9/01)