FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11371

(4)

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM *21 A SSOCIATION, INC.

Principal Plac	e of Business	Mailing Address		·········	T LEGOTI HOLD HOURD HOURS SILL! SOM	I BROUNDE DES MOON FROM SILLI SOOM NAT DIGHT BEEN DIGHT ALVEL BEEN HADE		
0/0 001								
C/O DCI 2901 SIMMS STREET		C/O DCI 2901 SIMMS STREET						
HOLLYWOOD FL 33020-1510		HOLLYWOOD FL 33020-1510						
					3. Date Incorporated or Qualified 10/01/1985	3a. Date of Last Report 03/15/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26			59-2717129	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be			
23		28		Trust Fund Contribution	Added to Fees			
Zip 24	Country 25	Zip	Zip Country 29 30		This corporation has liability for Florida Statutes	or intangible tax under s. 199.032, Yes No		
) <u></u>	9. Name and Address of Curren		1		10. Name and Address of New F	Registered Agent		
			81	Name				
DCI			82	Street	Address (P.O. Box Number is Not Accept	able)		
	MMS STREET		83					
HULLYV	VOOD FL 33020-1510			<u></u>				
			84	City		FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 617.050;	2 and 617,1508, Florida Stat	tutes, the abov	e-named	corporation submits this statement for the poration's board of directors. I hereby acc	purpose of changing its registered		
agent. I a	m familiar with, and accept the obliga	itions of, Section 617.0503,	Florida Statute	S.	polation of our of cardons. Thorough add	opt the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered age	et and allo if applicable (Al	OTE: Registered Ac	not gionah ya	required when reinstating)	DATE		
12.	OFFICERS AND	.,,	13.	an population		FICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition		
NAME	SCHWALB, CHERYL	_	1.2 NAME					
STREET ADDRESS	919 NE 199TH STREET		1.3 STREET	TUUBESS				
CITY-ST-ZIP	N. MIAMI BEACH FL 33179		1.4 CITY-5					
TITLE	SD	DELETE	2.1 TITLE	i - Tit		Change Addition		
NAME	FRIED, RANDI	—————————————————————————————————————	2.2 NAME					
STREET ADDRESS	919 NE 199TH STREET		2.3 STREET	Anneree				
CITY-ST-ZIP	N. MIAMI BEACH FL 33179		2.4 CITY-					
TITLE	TD	DELETE	3.1 TITLE	31-511		Change Addition		
NAME	STONE, LINDA		3.2 NAME					
STREET ADDRESS	919 NE 199TH STREET		3.3 STREET	Annress				
CITY-ST-ZIP	N. MIAMI BEACH FL 33179		3.4, CITY-					
TITLE	VPD	DELETE	4.1 TITLE	U) 4-		Change Addition		
NAME	LINKE-LEWIS, CYNTHIA		4. 2 NAME					
STREET ADDRESS	919 NE 199TH ST	•	4.3 STREE	ADDRESS				
CITY-ST-ZIP	N MIAMI BCH FL		4.4 CITY-5					
TITLE		DELETE	5.1 TITLE		***************************************	Change Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ADDRESS				
CITY - ST - ZIP			5.4 CITY-5	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ADDRESS				
CITY-ST-ZIP			6.4 CITY-	T-ZIP				
14. I do herel	by certify that the information supplied	with this filing does not qui	alify for the exe	mption s	stated in Section 119.07(3)(i), Florida Statu I that my signature shall have the same le	ites. I further certify that the		
l lamano	fficer or director of the cornoration or	the receiver or trustee empi	owered to exec	cute this	report as required by Chapter 617, Florida	Statutes; and that my name		
appears i	n Block 12 or Block 13 if changed, of	appears in Block 12 or Block 13 if changed, of on an attachment with an address.						