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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N11371

1. Corporation Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "21" ASSOCIATION, INC.

Principal Place of Business

C/O DCI
 2901 SIMMS STREET
 HOLLYWOOD FL 33020-1510

Mailing Address

C/O DCI
 2901 SIMMS STREET
 HOLLYWOOD FL 33020-1510



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country 29 30

3. Date Incorporated or Qualified

10/01/1985

4. FEI Number
 59-2717129

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DCI
 2901 SIMMS STREET
 HOLLYWOOD FL 33020-1510

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME SCHWALB, CHERYL
 STREET ADDRESS 919 NE 199TH STREET
 CITY-ST-ZIP N. MIAMI BEACH FL 33179

TITLE TD DELETE
 NAME COOPER, WINDA
 STREET ADDRESS 919 NE 199TH ST
 CITY-ST-ZIP N. MIAMI BEACH FL 33179

TITLE SD DELETE
 NAME MOSCHELLA, DONNA
 STREET ADDRESS 919 NE 199TH ST
 CITY-ST-ZIP NO MIAMI FL 33179

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME SECTY/TRES
 2.3 STREET ADDRESS WINDA COOPER
 2.4 CITY-ST-ZIP 919 NE 199th STREET
 NORTH MIAMI, FL. 33179

3.1 TITLE (VP) MICHELLE BOLT Change Addition
 3.2 NAME
 3.3 STREET ADDRESS 919 NE 199TH STREET # 104
 3.4 CITY-ST-ZIP NORTH MIAMI, FL. 33179

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99 305-665-2594
 Date Daytime Phone #

CR2F037-(11/98)