

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90074 005 \*\*\*\*61.25

**DOCUMENT # N11371**

1. Entity Name

**CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "21" A**

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2717129**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DCI  
 2901 SIMMS STREET  
 HOLLYWOOD FL 33020-1510

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

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	PD	<input type="checkbox"/> Delete
NAME	SCHWALB, CHERYL	
STREET ADDRESS	919 NE 199TH STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COOPER, WINDA	
STREET ADDRESS	919 NE 199TH ST	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MOSCHELLA, DONNA	
STREET ADDRESS	919 NE 199TH ST	
CITY-ST-ZIP	NO MIAMI FL 33179	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOLT, MICHELLE	
STREET ADDRESS	919 NE 199TH ST	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

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

*3/24/2000* *305-651-2594*  
 Date Daytime Phone #