

2001 UNIFORM BUSINESS REPORT (UBR)

4/4/1

FILED
May 23, 2001 8:00 am
Secretary of State

04-12-2001 90054 028 ****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

2035 Harding St.
 Suite, Apt. #, etc.
STE. 200

2035 Harding St.
 Suite, Apt. #, etc.
STE 200

City & State

City & State

Hollywood FL
 Zip **33020** Country **U.S.**

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 Zip **33020** Country **U.S.**

4. FEI Number **59-2717129**

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

Andrew Meyrowitz c/o DCI
2035 Harding St. STE. 200
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

[Handwritten Signature]

(NOTE: Registered Agent signature required when selecting)

3/2/01
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWALB, CHERYL 919 NE 199TH STREET N. MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COOPER, WINDA 919 NE 199TH ST N. MIAMI BEACH FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOLT, MICHELLE 919 NE 199TH ST N. MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COOPER, WINDA 919 NE 199TH ST NO MIAMI FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Battle, Angela 919 NE 199 street #203 N. Miami Bch, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Bolt, michelle 919 NE 199th St N. Miami Bch, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR26037 (10/00)

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:

[Handwritten Signature]

3/2/01
 DATE

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

Attachment

46402

N11371

To whom it may concern:

On 5/6/01 approx.

4:00pm I spoke with
(850-488-9000)
Robert & he has

instructed me to point

out on the paper

that the proper "D"

follows each title,

Please file Report.

W. M. Croom

Carmel at the Calif

Club # 21