


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90216 006 ****61.25

DOCUMENT # N11371

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



Principal Place of Business
**3300 UNIVERSITY DR # 405
 CORAL SPRINGS, FL 33065**

Mailing Address
**3300 UNIVERSITY DR # 405
 CORAL SPRINGS, FL 33065**

54039533



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03262004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
**UNITED COMMUNITY MANAGEMENT
 3300 UNIVERSITY DR # 405
 CORAL GABLES, FL 33065**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHWALB, CHERYL	
STREET ADDRESS	919 NE 199TH STREET	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOLT, MICHELLE	
STREET ADDRESS	919 NE 199TH ST	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BATTLE, ANGELA	
STREET ADDRESS	919 NE 199 ST., #203	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fried, Rande	
STREET ADDRESS	919 NE 199 Street	
CITY-ST-ZIP	Miami, FL 33179	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(l), 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: Randle Inet **4-6-04** **305-651-3850**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #