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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham, Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13566 (7)

1. Corporation Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "30" ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% DCI
2901 SIMMS STREET
HOLLYWOOD FL 33020
US

% DCI
2901 SIMMS STREET
HOLLYWOOD FL 33020-1510
US

3. Date Incorporated or Qualified
02/24/1986

3a. Date of Last Report
03/15/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

29

4. FEI Number

59-2725768

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEYROWITZ, ANDREW
% DCI
2901 SIMMS STREET
HOLLYWOOD, FL 33020

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MURRAY, BETTY	
STREET ADDRESS	829 NE 199TH ST. #205	
CITY-ST-ZIP	N.MIAMI FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	RAPAPORT, SUSAN	
STREET ADDRESS	829 NE 199TH ST. 103	
CITY-ST-ZIP	N.MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRATEROL, JHONNY	
STREET ADDRESS	928 NE 199 ST #201	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	MELAMED, DIANE	
STREET ADDRESS	829 NE 199TH ST 105	
CITY-ST-ZIP	N MIAMI FL	
TITLE	"D"	<input type="checkbox"/> DELETE
NAME	JULIA ROMANO	
STREET ADDRESS	829 NE 199 ST #102	
CITY-ST-ZIP	NORTH MIAMI FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PRESIDENT "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	829 NE 199 ST #201
3.4 CITY-ST-ZIP	NORTH MIAMI FL 33179
4.1 TITLE	VICE PRESIDENT "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	"D" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JULIA ROMANO
5.3 STREET ADDRESS	829 NE 199 ST #102
5.4 CITY-ST-ZIP	NORTH MIAMI FL 33179
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.23.97

201.540009

Date

Daytime Phone # 0021246

CR2E037 (9/96)