

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N13568 (3)  
 1. Corporation Name  
**CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "25" ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
~~8399 CORAL WAY MIAMI FL 33155~~  
~~8299 CORAL WAY MIAMI FL 33155~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/24/1986</b>	3a. Date of Last Report <b>04/28/1994</b>
4. FEI Number <b>59-2717128</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business <b>110 DCT</b>	26. Mailing Address <b>110 DCT</b>
22. Suite, Apt. #, etc. <b>2901 Simms J</b>	27. Suite, Apt. #, etc. <b>2901 Simms J</b>
23. City & State <b>Hollywood, FL</b>	28. City & State <b>Hollywood, FL</b>
24. Zip <b>33000</b>	25. Country <b>USA</b>
29. Zip <b>33000</b>	30. Country <b>USA</b>

9. Name and Address of Current Registered Agent  
**PORTUNONDO, JULIO GONZALEZ**  
~~8299 CORAL WAY MIAMI FL 33155~~

10. Name and Address of New Registered Agent

81 Name <b>Andrew Meyerowitz</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>110 DCT</b>
83 City & State <b>2901 Simms J</b>
84 City <b>Hollywood</b>
85 Zip Code <b>FL 33000</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0605, Florida Statutes.

SIGNATURE [Signature] DATE **2/22/95**

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>SCHAEFER, JOHN</b>
STREET ADDRESS <b>921 NE 99TH ST # 104</b>	CITY - ST - ZIP <b>MIAMI FL 33179</b>
TITLE <b>VPD</b>	NAME <b>MATOS, ANNA</b>
STREET ADDRESS <b>921 N.E. 199TH ST. #205</b>	CITY - ST - ZIP <b>N. MIAMI FL</b>
TITLE <b>STD</b>	NAME <b>SNYDER, BEATRICE B</b>
STREET ADDRESS <b>921 NW 199TH ST. #104</b>	CITY - ST - ZIP <b>N. MIAMI FL</b>
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as changed, or on an attachment with an address.

SIGNATURE: [Signature] **Beatrice B. Snyder** 3/1/95 652-2628  
(NOTE: Registered Agent signature required when reinstating)