


FILE NOW: FILING FEE IS \$61.25

FILED

Aug 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13568
1. Corporation Name
CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM,
"25" ASSOCIATION, INC.

Principal Place of Business C/O D.C.I 2901 SIMMS STREET. HOLLYWOOD, FL 33020	Mailing Address C/O D.C.I 2901 SIMMS STREET HOLLYWOOD, FL 33020
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3. Date Incorporated or Qualified 06/25/86	Applied For Not Applicable
4. FEI Number 59-2717128	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**Randall Roger
Kaye & Roger Attorneys at Law
6261 N.W. 6th Way, Suite 103
Ft. Lauderdale, FL 33309**

10. Name and Address of New Registered Agent
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: *Randall V. Roger* **RANDALL V. ROGER** *Kaye & Roger, P.A.* **Kaye & Roger, P.A.** *8.5.98* **8.5.98**

12. OFFICERS AND DIRECTORS

TITLE	P.D.	<input type="checkbox"/> DELETE
NAME	SCHAEFER, JOHN	
STREET ADDRESS	921 NE 99th ST #104	
CITY - ST - ZIP	MIAMI, FL 33179	
TITLE	V.P.D.	<input type="checkbox"/> DELETE
NAME	MATOS, ANNA	
STREET ADDRESS	921 N.E 199th ST #205	
CITY - ST - ZIP	MIAMI, FL 33179	
TITLE	S.T.D.	<input type="checkbox"/> DELETE
NAME	SNYDER, BEATRICE B	
STREET ADDRESS	921 NW 199th ST #108	
CITY - ST - ZIP	MIAMI, FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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 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, or on an attachment with an address.
SIGNATURE: *John Schaefer* **JOHN SCHAEFER** *7/27/98* **7/27/98** *954-985-5699* **954-985-5699**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)