

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91126 040 ****61.25

DOCUMENT # N13568

1. Entity Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "25" ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~C/O B.C.I.
 2035 HARDING ST., STE 200
 HOLLYWOOD FL 33020
 US~~

~~C/O B.C.I.
 2035 HARDING ST., STE 200
 HOLLYWOOD FL 33020
 US~~

2. Principal Place of Business

3. Mailing Address

**3300 University Dr.
 Suite, Apt. #, etc.
 # 405**

**3300 University Dr.
 Suite, Apt. #, etc.
 # 405**

**Coral Springs, FL
 Zip 33065 Country USA**

**Coral Springs, FL
 Zip 33065 Country USA**

4. FEI Number

59-2717128

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

~~METROWITZ, ANDREW
 C/O DCI
 2035 HARDING ST. SUITE 200
 HOLLYWOOD FL 33020~~

**United Community Management
 Street Address (P.O. Box Number is Not Acceptable)
 3300 University Dr. Ste # 405
 City Coral Springs FL Zip Code 33065**

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

UNITED COMMUNITY MGMT CO-OP *[Signature]* **4/20/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ☐ Delete
 NAME PD
 STREET ADDRESS MATOS, ANNA
 CITY-ST-ZIP 921 NE 199 ST. #102
 MIAMI FL 33179

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME STD
 STREET ADDRESS LONDONO, EMILIO
 CITY-ST-ZIP 921 NE 199 ST., #204
 MIAMI FL 33179

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME VPD
 STREET ADDRESS SNYDER, BEATRICE B
 CITY-ST-ZIP 921 NE 199 ST., #108
 MIAMI FL 33179

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-30-02 (305) 653-5216

CR2E037 (9/01)