

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**

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 Suite, Apt. #, etc. # 405**

City & State **Coral Springs, FL**

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Zip **33065** Country **USA**

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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~~

Name **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 MGT CORP** *[Signature]* DATE **4/20/02**
*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MATOS, ANNA 921 NE 199 ST. #102 MIAMI FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LONDONO, EMILIO 921 NE 199 ST., #204 MIAMI FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SNYDER, BEATRICE B 921 NE 199 ST., #108 MIAMI FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ANNA MATOS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-02 (305) 053-5216

CR2E037 (9/01)