

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 29 AM 8:16

DOCUMENT # **N13872** (9)

1. Corporation Name

**CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "32" ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~6200 CORAL WAY  
MIAMI FL 33155~~

~~6200 CORAL WAY  
MIAMI FL 33155~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1986

3a. Date of Last Report

04/28/1994

4. FEI Number

59-2725758

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 D.C.I.

26 D.C.I.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2901 Simms Street

27 2901 Simms Street

City & State

City & State

23 Hollywood, FL

28 Hollywood, FL

Zip

Country

Zip

Country

24 33020

25 Broward

29 33020

30 Broward

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

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

PORTUONDO, JULIO G  
8299 CORAL WAY  
MIAMI FL 33155

B1 Name

Andrew Meyrowitz

B2 Street Address (P.O. Box Number is Not Acceptable)

c/o D.C.I.

B3

2901 Simms Street

B4 City

Hollywood

FL

B5 Zip Code

33020

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 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	<del>PORTER, MICHAEL</del>
STREET ADDRESS	<del>845 NE 199TH ST #102</del>
CITY - ST - ZIP	<del>MIAMI FL</del>
TITLE	<del>PD</del>
NAME	FIGUEROA, EVELYN
STREET ADDRESS	815 NE 199TH ST #103
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	<del>GULVER, JOE</del>
STREET ADDRESS	<del>845 NE 199TH ST #201</del>
CITY - ST - ZIP	<del>MIAMI FL</del>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	PD
2.2 NAME	CARMEN FIGUEROA
2.3 STREET ADDRESS	815 NE 199TH ST #103
2.4 CITY - ST - ZIP	MIAMI, FL. 33179
3.1 TITLE	VD
3.2 NAME	HELMUTH GARCIA
3.3 STREET ADDRESS	815 NE 199TH ST
3.4 CITY - ST - ZIP	MIAMI, FL. 33179
4.1 TITLE	DST
4.2 NAME	JACQUES LAITOND
4.3 STREET ADDRESS	815 NE 199TH ST #101
4.4 CITY - ST - ZIP	N. MIAMI, FL. 33179
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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE:

*Carmen Figueroa*

CARMEN FIGUEROA

4-07-95

375-1473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Area #