

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N13872 (9)**

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



Principal Place of Business Mailing Address  
 DCI 2901 SIMMS ST HOLLYWOOD FL 33020 US  
 DCI 2901 SIMMS ST HOLLYWOOD FL 33020 US

3. Date Incorporated or Qualified **03/17/1986** 3a. Date of Last Report **06/29/1995**

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number **59-2725758** Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip 25 Country 29 Zip 30 Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 25 29 30

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**

**MEYROWITZ, ANDREW  
 C/O DCI  
 2901 SIMMS ST  
 HOLLYWOOD FL 33020**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE <b>P</b>	<b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>CARMEN, FIGUEROA</b>		
STREET ADDRESS <b>815 NE 199TH ST 103</b>		
CITY-ST-ZIP <b>MIAMI FL</b>		
TITLE <b>VD</b>	<b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>FIGUEROA, EVELYN</b>		
STREET ADDRESS <b>815 NE 199TH ST #103</b>		
CITY-ST-ZIP <b>MIAMI FL</b>		
TITLE <b>VD</b>	<b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>CARGIA, HELMITH</b>		
STREET ADDRESS <b>815 NE 199TH ST</b>		
CITY-ST-ZIP <b>MIAMI FL</b>		
TITLE <b>DST</b>	<b>DST</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>JACQUES, LAHOUND</b>		
STREET ADDRESS <b>815 NE 199TH ST STE 101</b>		
CITY-ST-ZIP <b>N MIAMI FL</b>		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE <b>STD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>ELIZABETH GOSEN</b>	
1.3 STREET ADDRESS <b>815 NE 199ST #104</b>	
1.4 CITY-ST-ZIP <b>MIAMI FL</b>	
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 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date **6-24-96** Daytime Phone # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)