

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90119 011 \*\*\*\*61.25

**DOCUMENT # N13872**

1. Entity Name

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

Principal Place of Business

Mailing Address

2035 HARDING ST  
 SUITE 200  
 HOLLYWOOD FL 33020  
 US

2035 HARDING ST  
 SUITE 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

City & State

City & State

Coral Springs, FL

Coral Springs, FL

Zip

Country

Zip

Country

33065

USA

33065

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2725758

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

MEYROWITZ, 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 Drive #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 COMM. MGMT CO. INC.

*[Handwritten Signature]* 4/26/02

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 PD  
 NAME GOSEN, ELIZABETH  Delete  
 STREET ADDRESS 815 NE 199TH ST 103  
 CITY-ST-ZIP MIAMI FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD  
 NAME FIGUERORA, CARMEN  Delete  
 STREET ADDRESS 815 NE 199TH ST #103  
 CITY-ST-ZIP MIAMI FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  
 NAME CARGIA, HELMITH  Delete  
 STREET ADDRESS 815 NE 199TH ST  
 CITY-ST-ZIP MIAMI FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*[Handwritten Signature]* 651-1058

1/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)