

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90261 006 \*\*\*\*61.25

**DOCUMENT # N13872**

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



Principal Place of Business  
**3300 UNIVERSITY DR  
#405  
CORAL SPRINGS, FL 33065 US**

Mailing Address  
**3300 UNIVERSITY DR  
#405  
CORAL SPRINGS, FL 33065 US**

**44026045**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2725758**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**UNITED COMMUNITY MANAGEMENT  
3300 UNIVERSITY DR #405  
CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Change ☒ Addition  
NAME Quinones, Deborah  
STREET ADDRESS 815 N.E. 199 Street #202  
CITY-ST-ZIP Miami, FL 33179

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

TITLE ☒ Change ☐ Addition  
NAME Garcia, Helmuth  
STREET ADDRESS 815 NE 199th St 201  
CITY-ST-ZIP Miami, FL 33179

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

TITLE ☐ Change ☐ Addition  
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, which other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #