

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:18

DOCUMENT # N13883 (6)

1. Corporation Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM '31' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~C/O PMS INC.~~
8299 CORAL WAY
MIAMI FL 33155

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8299 CORAL WAY
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/17/1986** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2795332** Applied For Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

27 **4000 CT**
Suite, Apt. #, etc. **4000 CT**
3901 Simms St.

27 **4000 CT**
Suite, Apt. #, etc. **4000 CT**
3901 Simms St.

28 **Dollywood FL**

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24 **33020** 25 **USA**

Country

29 **33020** 30 **USA**

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PORTUONDO, JULIO GONZALEZ
8299 CORAL WAY
MIAMI FL 33155

81 Name **Andrew Meebowitz**
82 Street Address (P.O. Box Number is Not Acceptable) **4000 CT**
83 **3901 Simms St.**
84 City **Dollywood FL** 85 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

Richard E. Korchak

NOTE: Registered Agent signature required when registering.

2/12/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **KORCHAK, RICHARD E.**
STREET ADDRESS **827 N.E. 199TH ST., #206**
CITY, ST, ZIP **MIAMI FL**

11 TITLE **PTD** Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE **VD**
NAME **CONDI, MILLIE**
STREET ADDRESS **827 NE 199TH ST #201**
CITY, ST, ZIP **MIAMI FL**

21 TITLE **VD** Change Addition
22 NAME **CONDI, MILDRED**
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE **STD**
NAME **CLARK, PEGGY**
STREET ADDRESS **827 N.E. 199TH ST., #104**
CITY, ST, ZIP **MIAMI FL**

31 TITLE **STD** Change Addition
32 NAME **LEIKIN, PEGGY**
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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(5)(a), 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 a check 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: *Richard E. Korchak - Pres.*
RICHARD E. KORCHAK - PRES.

2-17-95 305-653-7017