FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT # N13883

(6)

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "31" A SSOCIATION, INC.

Principal Place of Business Mailing Address											
2901 SIMMS HOLLYWOOD		2901 SIMMS ST HOLLYWOOD FL 3302	0								
US		US				3. Date Incorporated or Qualified 03/17/1986	3a. Date 0	f Last /28/1			
2. Principal Pla	nce of Business	2a. Mailing Address				4. FEI Number			Applied For		
21		26				59-2795332	59-2795332 Not Applicable				
Suite, Apt. ≱	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	S8.75 Additional Fee Required				
22		27 Ch. 8 Chala						-	 		
City & State		City & State				Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees		
Zip	Country	Zip	Cour	itry		8. This corporation has liability for in	tanoible tax ur				
24	25	29	30	,			Yes No		700.002,		
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered Age	nt			
				81	Name						
MEYROV	VITZ, ANDREW			82	Street A	Address (P.O. Box Number is Not Acceptable))				
2901 SI											
HOLLYW	/OOD FL 33020			83							
			-	84	City		8	5 Zı	p Code		
				l	·		<u> FL</u>				
or register	o the provisions of Sections 617.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	ia. Such change was authoriz	zed by the co	e-n orpo	amed co oration's l	orporation submits this statement for the purp board of directors. Thereby accept the appo	iose of changii intment as reg	ng its r istered	egistered office Lagent. Lam		
SIGNATURE											
	Signature, typed or printed name of registered agent		·····	Agent	signature re	equired which reinstategi ADDITIONS/CHANGES TO OFFE	DATE TELOS ANOLONIO	16.6.14	ADC INL 12		
TITLE	OFFICERS AND	DELETE	13.	C	1	VD		hange	Addition		
NAME	PTD PODCHAR BICHARD E		1.1 NA				_	na igo			
	KORCHAK, RICHARD E.				ADDRESS	SPENCE GREEN GRENSPAN 827 N.E. 199th ST. #	.02				
STREET ADDRESS	827 N.E. 199TH ST.,#206 MIAMI FL		1.3 S I			N MIAMI BEACH, FL 3317	9				
CITY-ST-ZIP TITLE	VD	DELETE	21 111		1 - ZIP			nange	☐ Addition		
NAME	CONDI, MILDRED	N	2 2 NA					•	_		
STREET ADDRESS	827 NE 199TH ST #201		1	2 3 STREET ADORESS							
CITY - ST - ZIP	MIAMI FL		2 4 CI								
Th'LE	SD	DELETE	31 717					hange	Addition		
NAME	LEIKIN, PEGGY		3 2 NA	ME							
STREET ADDRESS	827 N.E. 199TH ST.,#104			3.3 STREET ADDRESS							
CHY-ST-ZIP	MIAMI FL		3.4. CI	TY-S	T - ZIP						
TITLE		DELETE	4 1 T IT	ιE				hange	Addition		
NAME			4 2 NA	MÉ							
STREET ADDRESS			4.3 ST	REET	ADDRESS						
CITY-ST-ZIP			4.4 C+1	~	1-749						
TI'LÊ		DELETE	5.1 TiT	Į.F				hange	Addition		
NAME			5.2 NA	ME							
STREET ADORESS			5351	HEET	ADDRESS						
CITY-ST-ZIP	······································	Dec. exc	5 4 CIT		T - ZIP			·····			
TITLE		☐ DELETE	6 1 TiT					thange	Addition		
NAME			62 NA								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP	a codify that the information are also	with this films is voluntary. 6	64 CIT			I lify for the exemption stated in Section 119.0	17/3/lk) Florida	State	tes I further		
cortify that	t the information indicated on this appli	ial report or supplientental and	hual report is	s tru	e and ac	ally for the exemption stated in Socion 1197 courate and that my signature shall have the te this report as required by Chapter 617, Fic	same legal effé	ct as r	f made under		

SIGNATURE:

Michael E State VR

2-28-96

305-653-7017

Daytime Phone #

CR2E037 (12/95)