

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northcutt</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N13883 (6)**  
1. Corporation Name  
**CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "31" ASSOCIATION, INC.**

Principal Place of Business <b>2901 SIMMS ST HOLLYWOOD FL 33020 US</b>	Mailing Address <b>2901 SIMMS ST HOLLYWOOD FL 33020-1510 US</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2795332</b>	Applied For <input type="checkbox"/>	3. Date Incorporated or Qualified <b>03/17/1986</b>	3a. Date of Last Report <b>03/22/1996</b>
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MEYROWITZ, ANDREW 2901 SIMMS ST HOLLYWOOD FL 33020</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	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>PTD</b>	1.1 TITLE	<b>Change</b> <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>KORCHAK, RICHARD E.</b>	1.2 NAME	<b>PEGGY LEIKIN</b>
STREET ADDRESS	<b>827 N.E. 199TH ST., #206</b>	1.3 STREET ADDRESS	<b>827 NE 199 ST #104</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	<b>MIAMI FL 33179</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Change</b> <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>GRENSPAN, SPENCE G</b>	2.2 NAME	<b>RICHARD KORCHAK</b>
STREET ADDRESS	<b>827 N.E. 199TH ST. #202</b>	2.3 STREET ADDRESS	<b>827 NE 199 ST # 206</b>
CITY - ST - ZIP	<b>N MIAMI BEACH FL</b>	2.4 CITY - ST - ZIP	<b>MIAMI FL 33179</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Change</b> <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	<b>LEIKIN, PEGGY</b>	3.2 NAME	<b>NEAL FRAEDER</b>
STREET ADDRESS	<b>827 N.E. 199TH ST., #104</b>	3.3 STREET ADDRESS	<b>827 NE 199 ST # 10 3</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	3.4 CITY - ST - ZIP	<b>MIAMI FL 33179</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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: *Peggy Leikin* (PEGGY LEIKIN) 01-17-97 954 958-6317  
Daytime Phone # 0021405

CR2E037 (9/96)