

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-23-2002 90119 012 \*\*\*\*61.25

**DOCUMENT # N13883**

1. Entity Name

**CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "31" ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~2035 HARDING ST  
 STE 200  
 HOLLYWOOD FL 33020  
 US~~

~~2035 HARDING ST  
 STE 200  
 HOLLYWOOD FL 33020  
 US~~

2. Principal Place of Business

3. Mailing Address

**3300 University Dr.  
 Suite, Apt. #, or #405**

**3300 University Dr.  
 Suite, Apt. #, or #405**

City & State

City & State

**Coral Springs, FL**

**Coral Springs, FL**

Zip

Country

Zip

Country

**33065 USA**

**33065 USA**

4. FEI Number

**59-2795332**

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  
 2035 HARDING ST STE 200  
 HOLLYWOOD FL 33020~~

**United Community Management  
 Street Address (P.O. Box Number is Not Acceptable)  
 3300 University Dr.  
 #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. MGT CORP*

*[Signature]*

*4/20/02*

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

(NOTE: Registered Agent signature required when re-installing)

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	WASHINGTON COLEMAN, KIM	
STREET ADDRESS	827 NE 199 ST 106	
CITY-ST-ZIP	N MIAMI FL 33179	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KORCHAK, RICHARD E	
STREET ADDRESS	827 NE 199 ST #206	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ARROYO, SOLANGE	
STREET ADDRESS	827 N.E. 199TH ST., #202	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stuart Atlas	
STREET ADDRESS	827 NE 199th #104	
CITY-ST-ZIP	Miami, FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vicki Atlas, STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	827 NE 199th St #104	
STREET ADDRESS	Miami, FL 33179	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Richard E. Korchak*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)