

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90139 037 ****61.25

DOCUMENT # N13883



1. Entity Name
CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "31" 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2795332**

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

7. Name and Address of New Registered Agent

**UNITED COMMUNITY MANAGEMENT
3300 UNIVERSITY DR
#405
CORAL SPRINGS FL 33005**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** Delete
NAME **ATLAS, STUART**
STREET ADDRESS **827 NE 199TH #104**
CITY-ST-ZIP **MIAMI FL 33179**

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

TITLE **PD** Delete
NAME **KORCHAK, RICHARD E**
STREET ADDRESS **827 NE 199 ST #206**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **DT** Change Addition
NAME Change Addition
STREET ADDRESS Change Addition
CITY-ST-ZIP Change Addition

TITLE **STD** Delete
NAME **ARROYO, SOLANGE**
STREET ADDRESS **827 NE 199TH #104**
CITY-ST-ZIP **MIAMI FL 33179**

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

TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

TITLE Change Addition
NAME **Atlas, Vicki DP**
STREET ADDRESS **827 NE 199th St #104**
CITY-ST-ZIP **Miami, FL 33179**

TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

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

TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

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

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: *Vicki Atlas* **REVIEWED ATLAS President 3/7/03** **305 249-9696**

CR2E037 (10/02)