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Mar 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **N14593** (0)  
1. Corporation Name  
**CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM #26 A ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
C/O DCI 2901 SIMMS ST. HOLLYWOOD FL 33020 US  
C/O DCI 2901 SIMMS ST. HOLLYWOOD FL 33020-1510 US

3. Date Incorporated or Qualified **04/25/1986** 3a. Date of Last Report **06/06/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2549691** Applied For Not Applicable  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No  
24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**MEYROWITZ, ANDREW**  
C/O DCI  
2901 SIMMS ST.  
HOLLYWOOD FL 33020  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTLE, JEFFREY	1.2 NAME	<b>JOSEPH R FERRANTE</b>
STREET ADDRESS	905 N.E. 199TH ST. #203	1.3 STREET ADDRESS	905 NE 199ST #102
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FLA
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAER, ANDREW	2.2 NAME	<b>BAER ANDREW</b>
STREET ADDRESS	905 NE 199 ST. 203	2.3 STREET ADDRESS	905 NE 199ST #203
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURKIN, FRANK	3.2 NAME	<b>WARD MICHAEL</b>
STREET ADDRESS	905 N.E. 199TH ST. #205	3.3 STREET ADDRESS	905 NE 199ST #204
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL
TITLE	<b>JOSEPH R FERRANTE</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS	905 NE 199ST #102	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL.	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: *Joseph R Ferrante* 3/11/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021402

CR2E037 (9/96)