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**CORPORATION
ANNUAL REPORT
1995**



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14897 (5)

1. Corporation Name
CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "24" ASSOCIATION, INC.

Principal Place of Business Mailing Address
8299 CORAL WAY MIAMI FL 33153 **8299 CORAL WAY MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/13/1986** 3a. Date of Last Report **04/28/1994**
4. FEI Number **59-2725746** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. **610 DCI** 26. **610 DCI**
22. **2901 Simms J.** 27. **2901 Simms J.**
23. **Hollywood, FL.** 28. **Hollywood FL**
24. **33020** 25. **USA** 29. **33020** 30. **USA**

9. Name and Address of Current Registered Agent
**PORTUONDO, JULIO GONZALEZ
8299 CORAL WAY--
MIAMI FL 33155**

10. Name and Address of New Registered Agent
81. Name **Andrew M. Karpowitz**
82. Street Address (P.O. Box Number is Not Acceptable) **610 DCI**
83. **2901 Simms J.**
84. City **Hollywood** **FL** 85. Zip Code **33020**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **2/22/95**
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MANGINELLI, WILLIAM
STREET ADDRESS	927 NE 199TH ST. #409 #207
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	MUJOIO, LOUISE
STREET ADDRESS	927 NE 199 ST., #208
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	TROWSDALE, PETER
STREET ADDRESS	927 NE 199 ST., #108
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statute. 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 Statute; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2/19/95** **305653-0222**
Signature typed or printed name of signing officer or director (Date) (Keyfile/Track #)