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Feb 19 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 # N14897 (5)

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



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

3. Date Incorporated or Qualified: 05/13/1986  
3a. Date of Last Report: 03/15/1996

2. Principal Place of Business: 21  
2a. Mailing Address: 26

4. FEI Number: 59-2725746  
Applied For: Not Applicable

Suite, Apt. #, etc.: 22

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

City & State: 23

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

Zip: 24  
Country: 25

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
MEYROWITZ, ANDREW  
C/O DCI  
2901 SIMMS ST.  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_

Table with 5 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD MANGINELLI, WILLIAM; SD MAURICI, PINO; VD TROWSDALE, PETER.

Table with 6 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4. Includes checkboxes for Change and Addition.

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: *William Manginelli* REQUIRED  
Date: \_\_\_\_\_ Daytime Phone #: 0021243

CR2E037 (9/96)