FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS

CITY-ST-ZIP

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N14897

(5)

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "24" A SSOCIATION, INC.

Principal Place of Business Mailing Address C/O DCI C/O DCI 3. Date Incorporated or Qualified 2901 SIMMS ST. 2901 SIMMS ST. 05/13/1986 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 4. FEI Number Applied For 59-2725746 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Added to Fees 22 Trust Fund Contribution 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes No 28 Zip Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes 24 25 28 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MEYROWITZ, ANDREW 82 Street Address (P.O. Box Number is Not Acceptable) C/O DCI 83 2901 SIMMS ST. **HOLLYWOOD FL 33020** 94 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition PΩ DELETE TITLE 1.1 TITLE MANGINELLI, WILLIAM NAME 1.2 NAME 927 NE 199TH ST. #207 STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITI F MAURICI, PINO NAME 2.2 NAME 927 NE 199ST ST 101 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE TROWSDALE, PETER NAME 3.2 NAME 927 NE 199 ST., #106 STREET ADDRESS 3.3 STREET ADDRESS MIAM! FL CITY-ST-20P 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP ☐ OELETE Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-SY-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

14. 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 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 13 if changed, or on an attachment with an address. 2,00 CIGNATURE:

6.2 NAME

6.3 STREET ADDRESS