

FILE NOW: FILING FEE IS \$61.25

FILED

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 # N16991 (4)

1. Corporation Name
CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "27" ASSOCIATION, INC.



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

3. Date Incorporated or Qualified 09/25/1986
3a. Date of Last Report 04/01/1996
4. FEI Number 59-2726127
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt #, etc. 22
City & State 27
Zip 23 Country 25 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DCI
2901 SIMMS STREET
HOLLYWOOD FL 33020-1510

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
TITLE PD ABECASSIS, ABE
STREET ADDRESS 923 N.E. 199TH ST. #200 202
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179
TITLE VPD DENUZIO, IRENE
STREET ADDRESS 923 N.E. 199TH ST. #204
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179
TITLE VPD SELWYN, BRAD
STREET ADDRESS 923 N.E. 199TH ST. #201
CITY-ST-ZIP NORTH MIAMI FL 33179

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE BONNIE HOLLANDER (STD)
1.2 NAME
1.3 STREET ADDRESS 923 NE 199ST # 203
1.4 CITY-ST-ZIP NMB FL 33179
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: [Signature] SIGNED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)