FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 19 1997 8:00am

Secretary of State

Daytime Phone # 0021279

- BIRKANINE KAN KUTUR BAHAN JANKA PANDI KURI BAHAN AKAN AKAN DIPAK BIRKA DIPAK BANAK FRAN

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

SIGNATURE:

N16991

(4)

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM *27" A SSOCIATION, INC.

Principal Place of Business Mailing Address				i sonieren det indha billen odien antan ind	i Ordet dials diali diali Eson ordes radi	
C/O DCI 2801 SIMMS STREET HOULTWOOD 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
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 59-2726127	Applied For
21		26			38 2120121	Not Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	0		Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Country	•	This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes 🔲 No
[24]	25 29 30 9. Name and Address of Current Registered Agent		30 ₁		10. Name and Address of New Reg	
			81	Name		
DCI				Street	Address (P.O. Box Number is Not Acceptable	27
	AMS STREET		82	3000	Address (F.O. Box Number is Not Acceptable	9)
	OOD FL 33020-1510		83			
			84	City	<u></u>	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 617 050	2 and 617 1508 Florida Statute	s. the above	-named	corporation submits this statement for the pu	9 200
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 age	nt and title it applicable. (NOTE:	Registered Age	ent signature	required when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	☐ DELETE	1.1 TITLE		Bonnie Hollander (923 NE 19957 # 203	Change Addition
NAME	ABECASSIS, ABE				923 NE 1995T # 203	
STREET ADDRESS 923 N.E. 199TH ST. #366 200			1.3 STREET	ADDRESS	NHB FL 33179	
City-St-ZIP	NORTH MIAMI BEACH FL 331		1,4 CITY - S	T-ZIP	NAIS LOSSIII	
TITLE	VPD	DELETE	2.1 TITLE			Change Addition
NAME	DENUZIO, IRENE		2.2 NAME			
STREET ADORESS			2.3 STREET			
CITY-ST-ZIP			2.4 CITY-1 3.1 TITLE	ST-ZIP		Change Addition
TITLE NAME			3.2 NAME			Li charge Li readion
STREET ADDRESS	923 N.E. 199TH ST. +1-201		3.3 STREET	ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33179		3.4. CITY-			
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME		4.2				
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY - ST - ZIP			4.4 CITY - 5	T-ZIP		
TITLE		DÉLÉTE 5.1				☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	T-21P		- I Ohan I I Admin
TITLE		☐ DELETE	61 TITLE		1	Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET			
CITY-SI-ZiP	ou pertify that the information symplic	d with this filing dose not qualify	6.4 City-S		lated in Section 119.07(3)(i), Florida Statutes	I further certify that the
informatio	on indicated on this annual report or s efficer or director of the comporation of	supplemental annual report is tru the radeiver or trustee empower	rioi life exec	urate and cute this	I that my signature shall have the same legal report as required by Chapter 617, Florida St	effect as if made under oath; that atutes; and that my name
14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 eath; that I am an officer or director of the corporation or the tageliver 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 or paged. Or on an attachment with an address.						