

**NOT-FOR-PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

5/

DOCUMENT # *N16991*  
 1. Entity Name  
*Carmel at The California Club Condominium 27*

- 34323

**DO NOT WRITE IN THIS SPACE**

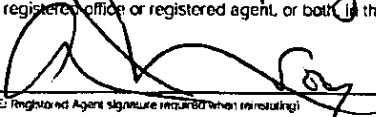
2. Principal Place of Business  
*3300 University Dr #405*  
 Suite, Apt., etc. *#405*  
 City & State *Coral Springs*  
 Zip *33065* Country *USA*

3. Mailing Address  
*3300 University Dr #405*  
 Suite, Apt., etc. *#405*  
 City & State *Coral Springs, FL*  
 Zip *33065* Country *USA*

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4. FEI Number Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 7. Name and Address of Current Registered Agent  
 Name *United Community Management*  
 Street Address (P.O. Box Number is Not Acceptable)  
*3300 University Dr #405*  
 City *Coral Springs* FL Zip Code *33065*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  
 SIGNATURE *UNITED COMM. MGT CORP.*  *4/10/02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restoring) DATE

FEE IS \$61.25 Initial or Amended UBR  
 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President D</i> <i>ABE Abecassis</i> <i>923 NE 199th St #202</i> <i>Miami, FL 33179</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V President D</i> <i>Simi Wein</i> <i>923 NE 199th St #101</i> <i>Miami, FL 33179</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secy Tres D</i> <i>Ingrid Abecassis</i> <i>923 NE 199th St #202</i> <i>Miami, FL 33179</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  *3/5/02*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)