

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N17194** (4)

1. Corporation Name
CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "28" A ASSOCIATION, INC.

Principal Place of Business Mailing Address
~~8299 CORAL WAY MIAMI FL 33155~~ ~~8299 CORAL WAY MIAMI FL 33155~~

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 10/07/1986 | 3a. Date of Last Report 04/28/1994 |
| 4. FEI Number 59-2725764 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---|
| 2. Principal Place of Business 21 Do Dct | 2a. Mailing Address 26 Do Dct |
| 22 2901 Simms St. | 27 2901 Simms St. |
| 23 Hollywood, FL | 28 Hollywood, FL |
| 24 33000 25 USA | 29 33000 30 USA |

9. Name and Address of Current Registered Agent
~~PORTUONDO, JULIO G
8299 CORAL WAY
MIAMI FL 33155~~

10. Name and Address of New Registered Agent
81 Name **Andrew M. Krepowitz**
82 Street Address (R.O. Box Number is Not Acceptable)
83 **Do Dct**
84 City **2901 Simms St.**
Hollywood FL 85 Zip Code **33000**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0506, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when registering) DATE **2/22/95**

| 12. OFFICERS AND DIRECTORS | |
|--|------------------------------|
| TITLE PO | NAME FUSCO, JOSEPHINE |
| STREET ADDRESS 925 NE 199TH ST., #103 | CITY-ST-ZIP MIAMI FL |
| TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 11 TITLE V.P. | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME James J. Fusco | |
| 13 STREET ADDRESS 225 NE 199th #103 | |
| 14 CITY-ST-ZIP Mia-33179 Fla | |
| 21 TITLE PO | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME Josephine Fusco | |
| 23 STREET ADDRESS 925 NE 199 St #103 | |
| 24 CITY-ST-ZIP Mia-33179 FLA | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Josephine Fusco* (Signature) AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR (Name) DATE **2-15-95** (Date)