

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N17194** (4)

1. Corporation Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "28" ASSOCIATION, INC.



Principal Place of Business	Mailing Address
C/O DCI 2901 SIMMS ST HOLLYWOOD FL 33020 US	C/O DCI 2901 SIMMS ST HOLLYWOOD FL 33020 US

3. Date Incorporated or Qualified 10/07/1986	3a. Date of Last Report 05/01/1995
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
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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

**MEYROWITZ, ANDREW
C/O DCI
2901 SIMMS ST
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 (Required)

(NOTE: Registered Agent signature required when renouncing)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSCO, JAMES J	1.2 NAME
STREET ADDRESS	925 NE 199 ST STE 103	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP
TITLE	STD	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSCO, JOSEPHINE	2.2 NAME
STREET ADDRESS	925 NE 199 ST, STE 103	2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP
TITLE	STD	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, GAYLE	3.2 NAME
STREET ADDRESS	925 NE 100TH ST, #202	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP
TITLE	S.T.D.	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Josephine Fusco	4.2 NAME
STREET ADDRESS	925 NE 199 ST 103 mia Fla	4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

Josephine Fusco
Signature and typed or printed name of signing officer or director

33-96

7701713

Date: 3-2-91

Daytime Phone #: 7701713

CR2E037 (12/95)