

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
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 33020-1510
US

3. Date Incorporated or Qualified
10/07/1986

3a. Date of Last Report
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME FUSCO, JAMES J
STREET ADDRESS 925 NE 199 ST STE 103
CITY-ST-ZIP MIAMI FL 33179

1.1 TITLE T
1.2 NAME ELLEN GELBER
1.3 STREET ADDRESS 925 N.E. 199 ST. N. MIAMI B.
1.4 CITY-ST-ZIP FLORIDA, FL 33179

TITLE STD
NAME FUSCO, JOSEPHINE
STREET ADDRESS 925 NE 1999 ST, STE 103
CITY-ST-ZIP MIAMI FL 33179

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD
NAME ~~FUSCO, JOSEPHINE~~
STREET ADDRESS 925 NE 199 ST 1084
CITY-ST-ZIP MIA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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: *Josephine Fusco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-97
Date

770 1713
Daytime Phone # 0021234

CR2E037 (9/96)