

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91126 042 \*\*\*\*61.25

**DOCUMENT # N17194**

1. Entity Name

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

Principal Place of Business

Mailing Address

~~2035 HARDING ST  
 STE 200  
 HOLLYWOOD FL 33020  
 US~~

~~2035 HARDING ST  
 STE 200  
 HOLLYWOOD FL 33020  
 US~~

2. Principal Place of Business

3. Mailing Address

*3300 University Dr #405*  
 Suite, Apt. #, etc.

*3300 University Dr #405*  
 Suite, Apt. #, etc.

City & State  
*Coral Springs, FL*

City & State  
*Coral Springs, FL*

Zip  
*33065* Country  
*USA*

Zip  
*33065* Country  
*USA*

4. FEI Number **59-2725764** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MEYROWITZ, ANDREW  
 C/O DCI  
 2035 HARDING ST STE 200  
 HOLLYWOOD FL 33020~~

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 CO* *[Signature]* *4/20/02*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	FUSCO, JAMES J	
STREET ADDRESS	925 NE 199 ST STE 103	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FUSCO, JOSEPHINE	
STREET ADDRESS	925 NE 199 ST, STE 103	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GELBER, ELLEN	
STREET ADDRESS	925 N.E. 199 ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

*1-30-02*

CR2E037 (9/01)