

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N17195 (1)**

1. Corporation Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "29" ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| D.C.I. 2901 SIMMS STREET HOLLYWOOD FL 33020 US | D.C.I. 2901 SIMMS STREET HOLLYWOOD FL 33020 US |

| | |
|--|--|
| 3. Date Incorporated or Qualified 10/07/1986 | 3a. Date of Last Report 04/04/1995 |
|--|--|

| | |
|---------------------------------|---------------------|
| 21. Principal Place of Business | 2a. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | | |
|---|--|--|
| 4. FEI Number 59-2725753 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 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 | |

9. Name and Address of Current Registered Agent

**ANDREW MEYROWITX
C/O D.C.I.
2901 SIMMS STREET
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 | FL |
| 85. Zip Code | |

11. Pursuant to the provisions of Sections 617.0602 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | PECHENIK, JENNIFER | |
| STREET ADDRESS | 903 N.E. 199 ST. #206 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | RUBENSTEIN, RHONDA | |
| STREET ADDRESS | 903 N.E. 199 ST # 107 | |
| CITY-ST-ZIP | MIAMI FL 33179 | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | BLUSTEIN, M. | |
| STREET ADDRESS | 903 N.E. 199 ST # 104 | |
| CITY-ST-ZIP | MIAMI FL 33179 | |
| TITLE | PRESIDENT | <input type="checkbox"/> DELETE |
| NAME | STEVEN M. ROTH | |
| STREET ADDRESS | 903 NE 199 ST. # 106 | |
| CITY-ST-ZIP | NO. MIAMI BEACH, FLA 33179 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | 700001748227 |
| 6.3 STREET ADDRESS | -03/19/96--01009--001 |
| 6.4 CITY-ST-ZIP | ***61.25 |

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: _____ Pres. 2/29/96 (305) 945-2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

13-18-1996