

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770939

**FILED**  
**Apr 15, 2021**  
**Secretary of State**  
**3020764665CC**

**Entity Name:** CARMEL AT THE CALIFORNIA CLUB PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

13501 SW 128 STREET  
SUITE 111  
MIAMI, FL 33186

**Current Mailing Address:**

PO BOX 770010  
MIAMI, FL 33177 US

**FEI Number: 59-2360505**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BUSINESS LAW GROUP  
302 KNIGHTS RUN AVE.  
SUITE 1000  
TAMPA, FL 33602 US

*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: KEVIN RHODES

04/15/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           GRANT, KATIE  
Address        PO BOX 770010  
City-State-Zip: MIAMI FL 33177

Title           TREASURER  
Name           PEREZ, NILDA  
Address        PO BOX 770010  
City-State-Zip: MIAMI FL 33177

Title           DIRECTOR  
Name           BING, FRED  
Address        PO BOX 770010  
City-State-Zip: MIAMI FL 33177

Title           DIRECTOR  
Name           MELAMED, DIANE  
Address        PO BOX 770010  
City-State-Zip: MIAMI FL 33177

Title           DIRECTOR  
Name           CANO, GABRIEL  
Address        PO BOX 770010  
City-State-Zip: MIAMI FL 33177

Title           VP  
Name           HIDDO, PAUL  
Address        PO BOX 770010  
City-State-Zip: MIAMI FL 33177

Title           DIRECTOR  
Name           MONCEBATE, MARIA  
Address        PO BOX 770010  
City-State-Zip: MIAMI FL 33177

Title           SECRETARY  
Name           QUINTANILLA, LIMAI  
Address        PO BOX 770010  
City-State-Zip: MIAMI FL 33177

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: KATIE GRANT

PRESIDENT

04/15/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            BIENAIME, JEAN  
Address        PO BOX 770010  
City-State-Zip: MIAMI FL 33177