#### 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: FERDINAND VONHALLE

Electronic Signature of Signing Officer/Director Detail

# 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N10639

Entity Name: CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "20" ASSOCIATION, INC.

### **Current Principal Place of Business:**

C/O FLORIDA ADVANCED PROPERTIES, INC. 13501 SW 128 STREET, SUITE 111 MIAMI, FL 33186

## **Current Mailing Address:**

P.O. BOX 770010 MIAMI, FL 33177 US

# FEI Number: 59-2564868

City-State-Zip: MIAMI FL 33177

### Name and Address of Current Registered Agent:

FLORIDA ADVANCED PROPERTIES, INC. 13501 SW 128TH ST., SUITE 111 MIAMI, FL 33186 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:                | LICETTE RODRIGUEZ                        |                 |                     | 04/26/2023 |
|---------------------------|--|-----------------|---------------------|------------|
|                           | Electronic Signature of Registered Agent |                 |                     | Date       |
| Officer/Director Detail : |  |                 |                     |            |
| Title                     | TREASURER, SECRETARY                     | Title           | PRESIDENT           |            |
| Name                      | PEREZ, NILDA                             | Name            | VONHALLE, FERDINAND |            |
| Address                   | P.O. BOX 770010                          | Address         | P.O. BOX 770010     |            |
| City-State-Zip:           | MIAMI FL 33177                           | City-State-Zip: | MIAMI FL 33177      |            |
| Title                     | VP                                       |                 |                     |            |
| Name                      | UBERBAUM, RIVKA                          |                 |                     |            |
| Address                   | P.O. BOX 770010                          |                 |                     |            |

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

PRESIDENT

04/26/2023

FILED Apr 26, 2023 Secretary of State 2342309129CC

Certificate of Status Desired: No

Date