

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758221

FILED
Feb 26, 2009
Secretary of State

Entity Name: CARMEL FOREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3666 SW 57TH AVE.
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

3666 SW 57TH AVE.
MIAMI, FL 33155

New Mailing Address:

FEI Number: 59-2345849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOND, RADCLIFFE L
ONE NE 2ND AVENUE
SUITE 208
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SIMAN, MATILDE
Address: 3628 SOUTHWEST 57 AVENUE
City-St-Zip: MIAMI, FL 33155

Title: PD () Delete
Name: DEL RIO, ARTURO
Address: 3634 SW 57TH AVE
City-St-Zip: MIAMI, FL 33155

Title: VPD () Delete
Name: BUCKLEY, JOHN
Address: 3638 SW 57TH AVE
City-St-Zip: MIAMI, FL 33155

Title: SD () Delete
Name: GARDNER, DONALD
Address: 3610 SW 57TH AVE
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: CARRILLO, JESUS
Address: 3622 SW 57TH AVE
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: FREUDMAN, DORIS
Address: 3630 SW 57TH AVE
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN BUCKLEY

VPD

02/26/2009

Electronic Signature of Signing Officer or Director

Date