

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770939

FILED
Apr 27, 2006
Secretary of State

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

Current Principal Place of Business:

831 NE 199TH ST
104
MIAMI, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

621 NW 53RD ST
SUITE 300
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 59-2360505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, RANDALL K
621 NW 53RD ST.
#300
BOCA RATON, FL 33487 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: P () Delete
Name: GITTER, DAVID
Address: 905 NE 199 ST, 107
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: MATOS, ANNA
Address: 921 NE 199 ST, #102
City-St-Zip: MIAMI, FL 33179

Title: S () Delete
Name: GRANT, KATIE
Address: 761 N.E. 199 ST, 204
City-St-Zip: MIAMI, FL 33179

Title: VPD () Delete
Name: GREENFIELD, BONNIE
Address: 915 NE 199 STREET, APT. 108
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: DECORTE, MICHELLE
Address: 825 NE 199 STREET, #106
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: PINES, SHIRLEY
Address: 903 NE 199 ST, #101
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MUOIO, LOUISE
Address: 927 NE 199 ST, 207
City-St-Zip: MIAMI, FL 33179

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

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

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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 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: LOUISE MUOIO

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date