
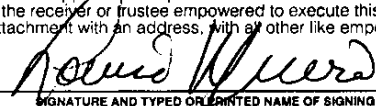
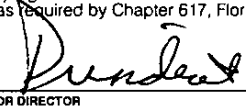


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90078 023 ****61.25

DOCUMENT # 770939 1. Entity Name CARMEL AT THE CALIFORNIA CLUB PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 831 NE 199TH ST 104 MIAMI, FL 33179 US			Mailing Address 621 NW 53RD ST SUITE 300 BOCA RATON, FL 33487 US		
2. Principal Place of Business - No P.O. Box # PHOENIX Management Suite, Apt. #, etc. 4800 N. State Rd 7 F105		3. Mailing Address Suite, Apt. #, etc. 			
City & State Lauderdale Lakes, FL		City & State 			
Zip 33319		Country USA		4. FEI Number 59-2360505	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROGERS, RANDALL K 621 NW 53RD ST. #300 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUOIO, LOUISE 927 NE 199 ST, 207 MIAMI, FL 33179	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATOS, ANNA 921 NE 199 ST. #102 MIAMI, FL 33179	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAY, FLORA 825 N.E. 199 ST. #107 MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FINCHER, ALICE 903 NE 199 STREET, APT. 106 MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAFAR, HARRIS 781 NE 199 STREET, #202 MIAMI, FL 33179	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINES, SHIRLEY 903 NE 199 ST. #101 MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Reina DE ARmas 927 NE 199 ST #106 Miami, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joy Shupnick 933 NE 199 ST #107 Miami, FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kevin Wiggins 911 NE 199 ST #203 Miami, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/16/07 Daytime Phone #: 954 640-7070					