

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 10, 2008
Secretary of State

DOCUMENT# 770939

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

Current Principal Place of Business:

PHOENIX MGMT
4800 N STATE RD 7 F105
FORT LAUDERDALE, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

PHOENIX MGMT
4800 N. STATE RD #105
FORT LAUDERDALE, FL 33319 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:

PHOENIX MGMT
4800 N. STATE RD 7
105
FORT LAUDERDALE, FL 33319 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: PD () Delete
Name: MUOIO, LOUISE
Address: 927 NE 199 ST, 207
City-St-Zip: MIAMI, FL 33179

Title: T () Delete
Name: PEREZ, WILDA
Address: 829 NE 199ST #101
City-St-Zip: MIAMI, FL 33179

Title: VP () Delete
Name: ARMAS, REINA D
Address: 927 NE 199 ST #106
City-St-Zip: MIAMI, FL 33179

Title: S (X) Delete
Name: SHUPNICK, JOY
Address: 933 NE 199 ST #107
City-St-Zip: MIAMI, FL 33179

Title: D (X) Delete
Name: SAFAR, HARRIS
Address: 781 NE 199 STREET, #202
City-St-Zip: MIAMI, FL 33179

Title: VP (X) Delete
Name: WIGGINS, KEVIN
Address: 911 NE 199ST #203
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GRANT, KATIE
Address: 761 NE 199 ST #204
City-St-Zip: MIAMI, FL 33179

Title: TD (X) Change () Addition
Name: PEREZ, WILDA
Address: 829 NE 199ST #101
City-St-Zip: MIAMI, FL 33179

Title: SD (X) Change () Addition
Name: SHUPNICK, JOY
Address: 933 NE 199 ST. #107
City-St-Zip: MIAMI, FL 33179

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: KATIE GRANT

PD

10/10/2008

Electronic Signature of Signing Officer or Director

Date