

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90396 018 *****61.25

DOCUMENT # 770951

1. Entity Name
**CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "1"
ASSOCIATION, INC.**



Carmel at the California Club Carmel at the California Club
C/O Phoenix Management Services C/O Phoenix Management Services
4780 N. State Road 7, Suite E250 4780 N. State Road 7, Suite E250
Lauderdale Lakes, Florida 33319 Lauderdale Lakes, Florida 33319



03012005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2352021

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

2. Principal Place of Business 3. Mailing Address
831 NE 199th St # **621 NW 53rd St.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Apt. # 104 **Suite # 300**
City & State City & State
Miami, FL **Boca Raton, FL**
Zip Country Zip Country
33179 **33487**

6. Name and Address of Current Registered Agent
UNITED COMMUNITY MANAGEMENT CORP.
3300 UNIVERSITY DR., #405
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent
Name **Randall K. Roger + Associates, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
621 NW 53rd St. # 300
City **Boca Raton** **FL** Zip Code **33487**

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

Randall K. Roger

3-30-05

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PATRICIA KENNETT**
STREET ADDRESS **751 NE 199TH ST APT 204**
CITY-ST-ZIP **MIAMI, FL 33179**

TITLE **STD** ☐ Delete
NAME **DICKOFF, KAREN**
STREET ADDRESS **751 NE 199TH ST APT 201**
CITY-ST-ZIP **MIAMI, FL 33179**

TITLE **VD** ☐ Delete
NAME **KENNETT, JAMES**
STREET ADDRESS **751 NE 199TH ST APT 204**
CITY-ST-ZIP **MIAMI, FL 33179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 officers empowered.

SIGNATURE:

UP

4/20/05 **305** **652-6615**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #