

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-16-2007 90077 001 ****61.25

DOCUMENT # 770951

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



Principal Place of Business
**C/O PHOENIX MANAGEMENT SERVICES
4780 N STATE ROAD 7, SUITE E250
LAUDERDALE LAKES, FL 33319 US**

Mailing Address
**C/O PHOENIX MANAGEMENT SERVICES
4780 N STATE ROAD 7, SUITE E250
LAUDERDALE LAKES, FL 33319 US**

40062700



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4800 N. State Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F105

04042007 Chg-NP CR2E037 (12/06)

City & State

City & State

Lauderdale Lakes

4. FEI Number
59-2352021

Applied For
Not Applicable

Zip

Country

Zip

Country

33319

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RANDALL K ROGER + ASSOCIATES, P.A.
621 NW 53RD ST, # 300
BOCA RATON, FL 33487**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME PATRICIA CORREDOR
STREET ADDRESS 751 NE 199TH ST APT 104
CITY-ST-ZIP MIAMI, FL 33179

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

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

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

TITLE SEVP ☐ Delete
NAME GONZALEZ, BERNARDO
STREET ADDRESS 751 NE 199TH STREET 104
CITY-ST-ZIP MIAMI, FL 33179

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

4/9/07

Date

Daytime Phone #