2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 18, 2007 8:00 am Secretary of State

05-18-2007 90029 004 ****61.25

DOCUMENT # 77095

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM 227/ ASSOCIATION, INC.



			OR WE THEN					
	ce of Business NTH ST #104 13179 US	Mailing Address 621 NW 53RD STREET, SU BOCA RATON, FL 33487	JITE #300 US	40.24				
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address HOON N. SH	ak Rd7F1	05				
Suite, Apt.	V. State Rd 7 FLOS	Suite, Apt. #, etc.		0.40.40007	ng-NP CR2E0	37 (12/06)		
City & Star		Lauderdak	lakes, FL	4. FEI Number 59-235201	9	<u> </u>	plied For t Applicable	
333	19 Country SA	33319	Country	5. Certificate.of.Sta	atus Desired	\$8.75 Add Fee Required	litional	
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 STREET #300 Street A				Phoens Managnet Trace (B.Q. Box Number is Not Acceptable) 77				
BOCA RATON, FL 33487				107) 1. Sta	k Ka /			
			City	adala 1	akes FL	Zip Code	33/9	
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 KILLING								
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 Campa Trust Fund Conf		\$5.00 May Be Added to Fees	Make chec Florida Depar	k payable to tment of St		
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DI	RECTORS IN	10	
TITLE	Р	☐ Delete	TITLE		· · ·	Change	☐ Addition	
NAME	GRANT, KATIE		NAME					
STREET ADDRESS	761 NE 199 STREET #204		STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP					
TITLE	VP	☐ Detete	TITLE	<u> </u>		☐ Change	☐ Addition	
NAME	CLUA, JOCELYN	- D01010	NAME			Change		
STREET ADDRESS	761 NE 199 STREET #201		STREET ADDRESS			. —	-	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP					
TITLE	ST	☐ Delete	TITLE			☐ Change	Addition	
NAME	ARROYO, JACQUELINE	23 500.0	NAME			onengo	7,00,000	
STREET ADDRESS	761 NE 199 STREET #203		STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME			NAME			Change		
STREET ADDRESS	•		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	••		☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					

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 179e 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 pame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #