2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771289

City-St-Zip:

MIAMI, FL

FILED Apr 27, 2006 Secretary of State

Entity Nar	ne: CARMEL.	AT THE	CALIFORNIA CLUB	CONDOM	IINIUM "9" ASSOCIA	TION, INC.		
Current Principal Place of Business:				New Principal Place of Business:				
#405	ÆRSITY DR D BEACH, FL 3	33065	US		C/O PHOENIX MANA 4800 N STATE ROAI LAUDERDALE LAKE	7 #104	RVICES US	
Current Mailing Address:					New Mailing Address:			
#405	'ERSITY DR D BEACH, FL 3	33065	US		4800 N STATE ROAI 104 LAUDERDALE LAKE		US	
FEI Number:	59-2378230	FEI Nun	nber Applied For ()	FEI Nun	nber Not Applicable ()	Certificate	of Status Desired ()	
Name and	Address of C	urrent R	egistered Agent:		Name and Address	of New Regist	tered Agent:	
UNITED COMMUNITY MANAGEMENT 3300 UNIVERSITY DR #405 POMPANO BEACH, FL 33065 US				RANDALL K ROGERS & ASSOCIATES, PA 621 NW 53 STREET 300 BOCA RATON, FL 33487 US				
	named entity s of Florida.	submits th	nis statement for the p	ourpose o	f changing its register	ed office or reg	istered agent, or both,	
SIGNATURE: RANDALL K ROGERS & ASSOCIATES, PA					04/27/2006			
	Electroni	ic Signat	ure of Registered Ag	ent		Da	nte	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () GELLER, STAN, 781 N.E. 199 ST MIAMI, FL				Title: Name: Address: City-St-Zip:	() Change ().	Addition	
Title: Name: Address: City-St-Zip:	S () WILSON, ALICE 781 N.E. 199TH MIAMI, FL	*			Title: Name: Address: City-St-Zip:	() Change ().	Addition	
Title: Name: Address:	V () SAFRA, HARRIS 781 N.E. 199TH				Title: Name: Address:	() Change ()	Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: STANLEY GELLER PD 04/27/2006