


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-16-2007 90071 006 ****61.25

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|--|--|--|---|
| DOCUMENT # N04721 1. Entity Name CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "15" ASSOCIATION, INC. | |  | |
| Principal Place of Business 831 NE 199TH ST #104 MIAMI, FL 33179 US | | Mailing Address 621 NW 53RD ST STE 300 BOCA RATON, FL 33487 US | |
| 2. Principal Place of Business - No P.O. Box # Phoenix Management | | 3. Mailing Address 4800 N. State Rd 7 #105 | |
| Suite, Apt. #, etc. 4800 N. State Rd 7 #105 | | Suite, Apt. #, etc. | |
| City & State Lauderdale Lakes, FL | | City & State Lauderdale Lakes, FL | |
| Zip 33319 | | Zip 33319 | |
| Country | | Country | |
| 6. Name and Address of Current Registered Agent RANDALL K. ROGER & ASSOCIATES P.A. 621 NW 53RD ST STE 300 BOCA RATON, FL 33487 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP | PD GREENFIELD, BONNIE 915 NW 99 ST., #108 MIAMI, FL 33179 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD DURDEN, BRIAN 915 NE 119TH ST., #107 MIAMI, FL 33179 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Bonnie Greenfield</i> | | <i>President Bkg 15</i> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> 4/14/07 | |