


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-18-2007 90029 007 \*\*\*\*61.25

<b>DOCUMENT # N09940</b> 1. Entity Name <b>CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM</b> <b>"ASSOCIATION, INC."</b>			
Principal Place of Business <b>831 NE 199TH ST</b> <b># 104</b> <b>MIAMI, FL 33179 US</b>		Mailing Address <b>831 NE 199TH ST</b> <b># 104</b> <b>MIAMI, FL 33179 US</b>	
2. Principal Place of Business - No P.O. Box # <b>4800 N. State Rd 7</b> Suite, Apt. #, etc. <b>F105</b> City & State <b>Lauderdale Lakes FL</b> Zip <b>33319</b> Country <b>USA</b>		3. Mailing Address <b>Same</b> Suite, Apt. #, etc. <b>F105</b> City & State <b>Lauderdale Lakes FL</b> Zip <b>33319</b> Country <b>USA</b>	
4. FEI Number <b>59-2564861</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RANDALL K ROGER + ASSOCIATES, P.A.</b> <b>621 NW 53RD ST, # 300</b> <b>BOCA RATON, FL 33487</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>VD</b> NAME <b>GAGE, CHRISTY</b> STREET ADDRESS <b>933 NE 199TH ST #106</b> CITY-ST-ZIP <b>MIAMI, FL 33179</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b> NAME <b>COURI, ALICIA</b> STREET ADDRESS <b>933 NE 199 ST #207</b> CITY-ST-ZIP <b>MIAMI, FL 33179</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>PD</b> NAME <b>SHUPNICK, JOY</b> STREET ADDRESS <b>933 NE 199TH ST. #107</b> CITY-ST-ZIP <b>MIAMI, FL 33179</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE: Joy I. Shupnick / Joy I. SHUPNICK</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<b>PRESIDENT</b>		<b>4/13/07 305-773-0364</b> <small>Date Daytime Phone #</small>	

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