


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90062 008 ****61.25

DOCUMENT # N10639					
1. Entity Name CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "20" ASSOCIATION, INC.					
Principal Place of Business		Mailing Address			
PHOENIX MANAGEMENT SERVICES, INC. 4800 NORTH STATE ROAD 7 SUITE 105 LAUDERDALE LAKES, FL 33319 US		PHOENIX MANAGEMENT SERVICES, INC. 4800 NORTH STATE ROAD 7 SUITE 105 LAUDERDALE LAKES, FL 33319 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2564868	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 PA 621 NW 53RD STREET, #300 BOCA RATON, FL 33487			Name Phoenix Management Services Street Address (P.O. Box Number is Not Acceptable) 4800 N State Rd 7 Ste 105 City Lauderdale Lakes FL Zip Code 33319		
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's signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARTINIAN, CHARLES		NAME		
STREET ADDRESS	907 NE 199 ST. #101		STREET ADDRESS		
CITY-ST-ZIP	N.MIAMI, FL 33179		CITY-ST-ZIP		
TITLE	VPAD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARTINIAN, JOYCE		NAME		
STREET ADDRESS	907 N.E. 199 ST		STREET ADDRESS		
CITY-ST-ZIP	N.MIAMI, FL 33179		CITY-ST-ZIP		
TITLE	SAD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AQUILERA, VANESSA		NAME		
STREET ADDRESS	907 NE 199TH STREET, #207		STREET ADDRESS		
CITY-ST-ZIP	N.MIAMI, FL 33179		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Charles Artinian</i>		Chas. ARTINIAN		3/18/08 305-655-2304	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	