2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Sep 12, 2008 DOCUMENT# N10639 Secretary of State

Entity Name: CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "20" ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

PHOENIX MANAGEMENT SERVICES, INC. 4800 NORTH STATE ROAD 7 SUITE 105 LAUDERDALE LAKES, FL 33319

New Mailing Address: Current Mailing Address:

PHOENIX MANAGEMENT SERVICES, INC. 4800 NORTH STATE ROAD 7 SUITE 105 LAUDERDALE LAKES, FL 33319

FEI Number: 59-2564868 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PHOENIX MANAGEMENT SERVICES 4800 N STATE RD 7 STE 105 LAUDERDALE LAKES, FL 33319 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition ARTINIAN, CHARLES SUAREZ, FERNANDO Name: Name: 907 NE 199 ST. #101 Address: 907 NE 199 STREET #106 Address:

City-St-Zip: N.MIAMI, FL 33179 City-St-Zip: N. MIAMI BEACH, FL 33179

Title: **VPAD** () Delete Title: VPD (X) Change () Addition Name: ARTINIAN, JOYCE Name: SUAREZ, MYRA

Address: 907 N.E. 199 ST Address: 907 NE 199TH STREET #106 City-St-Zip: N.MIAMI, FL 33179 City-St-Zip: N. MIAMI BEACH, FL 33179

Title: SAD (X) Delete Title: () Change () Addition

AQUILERA, VANESSA Name: Name: Address: 907 NE 199TH STREET, #207 Address: City-St-Zip: N.MIAMI, FL 33179 City-St-Zip:

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

SIGNATURE: FERNANDO SUAREZ PD 09/12/2008