2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10639

FILED Jul 17, 2009 Secretary of State

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

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

907 NE 199 STREET 2200 NW 102 AVENUE

APT 106

MIAMI, FL 33179 US DORAL, FL 33172 US

Current Mailing Address: New Mailing Address:

907 NE 199 STREET 2200 NW 102 AVENUE APT 106 5

MIAMI, FL 33179 US DORAL, FL 33172 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SUAREZ, FERNANDO F C ARTEAGA

907 NE 199 STREET 2200 NW 102 AVENUE APT 106 5 MIAMI, FL 33179 US DORAL, FL 33172 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

City-St-Zip:

in the State of Florida.

City-St-Zip:

SIGNATURE: C ARTEAGA 07/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

N. MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DORAL, FL 33172

itle: PD () Delete Title: PD (X) Change () Addition

Name: SUAREZ, FERNANDO Name: ARTINIAN, CHÁRLES
Address: 907 NE 199 STREET #106 Address: 2200 NW 102 AVENUE, #5

Title: VP (X) Change () Addition

 Name:
 SUAREZ, MYRA
 Name:
 DE ARMAS TROWSDALE, REINA

 Address:
 907 NE 199TH STREET #106
 Address:
 2200 NW 102 AVENUE, #5

 City-St-Zip:
 N. MIAMI BEACH, FL 33179
 City-St-Zip:
 DORAL, FL 33172

Title: Title: T () Change (X) Addition

 Intre:
 () Delete
 Intre:
 I () Change (X) Add

 Name:
 Name:
 SUAREZ, FERNANDO

 Address:
 Address:
 2200 NW 102 AVENUE, #5

 City-St-Zip:
 DORAL, FL 33172

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: CHARLES ARTINIAN PD 07/17/2009