

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N14593
 1. Entity Name
 CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "26"
 ASSOCIATION, INC.



FILED

08 MAY 13 AM 8:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08

Principal Place of Business
 831 NE 199TH STREET
 #104
 MIAMI, FL 33179 US

Mailing Address
~~621 NW 53RD STREET~~
~~SUITE #300~~
~~BOCA RATON, FL 33487 US~~

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 4800 N S.R. 7
 Suite, Apt. #, etc.
 # 105
 City & State
 Lauderdale Lakes, FL
 Zip Country
 33319 USA

4. FEI Number
 59-2549691

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~RANDALL K. ROGER & ASSOCIATES, P.A.~~
~~621 NW 53RD STREET #300~~
~~BOCA RATON, FL 33487~~

7. Name and Address of New Registered Agent
 Name Phoenix Management Services
 Street Address (P.O. Box Number is Not Acceptable)
 4800 N State Rd 7 #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 Sheldon Buddy Sheldon Goldberg DATE 4/30/08
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$122.50

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANT, AILEEN 905 NE 199TH STREET, #202 MIAMI, FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATTERSON, ANDREA 905 N.E. 199TH ST., #204 MIAMI, FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GITTER, DAVID 905 NE 199 STREET, #107 MIAMI, FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200130905052 05/05/08--01028--019 **122.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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.

SIGNATURE: Sheldon Goldberg DATE: 4/11/08 DAYTIME PHONE: 954-2456004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

70.5/21