

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**



**DOCUMENT # N15065**

1. Entity Name  
**CARMEL TOWNHOMES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**9360 SUNSET DRIVE  
SUITE 252  
MIAMI, FL 33173**

Mailing Address  
**9360 SUNSET DRIVE  
SUITE 252  
MIAMI, FL 33173**



01062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2620154</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**ROBERTS, NORMAN T  
50 WEST MASHTA DRIVE, SUITE 2  
THE PROFESSIONALS BUILDING  
KEY BISCAYNE, FL 33149**

**DO NOT WRITE  
IN THIS SPACE**

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 signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, GLADYS 9360 SUNSET DRIVE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOPEZ, XIOMARA 9360 SUNSET DRIVE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, JOSE E 9360 SUNSET DRIVE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000229981  
02/15/05-80022-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Gladys Garcia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/05

Date

305-630-3660

Daytime Phone #