2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N15065

FILED Feb 09, 2006 8:00 am Secretary of State 02-09-2006 90041 045 ****61.25

1. Entity Nam CARMEL. INC.		OMES CONDOMI	INIUM A	SSOCIATION	٧,				,2 09 2000	J00 II 0 I	5 01	20
9360 SUNSET DRIVE 9360 SUITE 252 SUITE				ing Address 60 SUNSET DRIVE ITE 252 AMI, FL 33173			 					
2. Principal Pl	lace of Busin	iess	3. Maili	ng Address								
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Suite, Apt. #, etc. -SUI-TE - 149-		SUI SUI	Suite, Apt. #, etc SUITE # 149			_	01242006	Chg-NP	CR2E03	7 (11/05)	÷	
City & State MIAMI, FLORIDA			City & State FLORIDA				4. FEI Number 59-26201			oplied For ot Applicable		
Zip	·			Zip Cor 33173		untry	5. Certificate of Status Desi		Status Desired	\$8.75 Additional		
6. Name and Address of Current Re					1	Fee Required						
o. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
ROBERTS, NORMAN T 50 WEST MASHTA DRIVE, SUITE 2 THE PROFESIONALS BUILDING						Street Address (P.O. Box Number is Not Acceptable)						
KEY BISC		• •										
				City						FL	Zip Cod	e
		y submits this statement f	or the purp	ose of changing its	register	ed office or	register	ed agent, or both,	in the State of F		amiliar with,	and accept
the obligati	ions of regist	tered agent.						-				
SIGNATURE.												
0,0,1,1,1,0,1,2,1	Signature, typed	or printed name of registered agen	t and title it app	licable. (NOT	E. Registere	d Agent signate	de techinosc	(b		DATE		
	_	e is \$61.25 fay 1, 2006		9. Election Cal Trust Fund (mpaign F	inancing		\$5.00 May Be Added to Fees		Make check rida Depart		
10.	Due by N		IRECTORS	9. Election Car	mpaign F	inancing tion.		\$5.00 May Be	Flo	Make check rida Depart	ment of S	tate
TITLE	PD PD	OFFICERS AND D	IRECTORS	9. Election Car	mpaign F Contribut	Financing tion.		\$5.00 May Be Added to Fees	Flo	Make check rida Depart	ment of S	tate
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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.

GNATURE:

| Comparison |

SIGNATURE:

305-630-3660 Daylime Phone #