

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90001 045 ****61.25



DOCUMENT # N15065

1. Entity Name

CARMEL TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4445 WEST 16 AVE
 SUITE # 308
 HIALEAH FL 33012

Mailing Address

4445 WEST 16 AVE
 SUITE# 308
 HIALEAH FL 33012



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-2620154

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEDESMA, ZENaida
 1323 WEST 51 PL
 HIALEAH FL 33012

Name

Street Address (P.O. Box number is Not Acceptable)

City

FL

Zip Code

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 of individual or principal name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

05-13-2008

FILE NOW: FEE IS \$61.25
By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEDESMA, ZENaida	
STREET ADDRESS	4445 WEST 16 AVE. STE # 308	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RAMIREZ, ALEXIS	
STREET ADDRESS	4445 WEST 16 AVE. STE # 308	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CALZADILLA, LUIS	
STREET ADDRESS	4445 WEST 16 AVE. STE # 308	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALVAREZ, OSVALDO	
STREET ADDRESS	4445 WEST 16 AVE. STE # 308	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEDESMA, ZENaida	
STREET ADDRESS	1323 W 51 PL	
CITY-ST-ZIP	HIALEAH, FL. 33012-	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALZADILLA, LUIS	
STREET ADDRESS	1319 W 51 PL	
CITY-ST-ZIP	HIALEAH, FL. 33012	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, OSVALDO	
STREET ADDRESS	5088 W 12 LN	
CITY-ST-ZIP	HIALEAH, FL. 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

May 13, 2008

305-823-1201