

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15065

**FILED**  
**Feb 18, 2016**  
**Secretary of State**  
**CC3026901980**

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

**Current Principal Place of Business:**

1259 WEST 51 PL  
HIALEAH, FL 33012

**Current Mailing Address:**

PO BOX 160698  
HIALEAH, FL 33016 US

**FEI Number: 59-2620154**

**Certificate of Status Desired: No**

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

YOUNG, ANGELICA  
5901 SW 74 ST  
MIAMI, FL 33143 US

*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.*

**SIGNATURE:** ANGELICA YOUNG

02/18/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SANTOS, EDGARDO  
Address PO BOX 160698  
City-State-Zip: HIALEAH FL 33016

Title TSD  
Name LEIVA, ALEXYS  
Address PO BOX 160698  
City-State-Zip: HIALEAH FL 33016

Title DIRECTOR  
Name CORTES, RAFAEL I  
Address PO BOX 160698  
City-State-Zip: HIALEAH FL 33016

Title D  
Name ARIAS, GUSTAVO  
Address PO BOX 160698  
City-State-Zip: HIALEAH FL 33016

Title VP, SECRETARY  
Name QUINTERO, CARMENZA  
Address PO BOX 160698  
City-State-Zip: HIALEAH FL 33016

Title DIRECTOR  
Name GARCIA, GRISSELL  
Address PO BOX 160698  
City-State-Zip: HIALEAH FL 33016

Title ASST. SECRETARY  
Name BENITEZ, MARIA  
Address PO BOX 160698  
City-State-Zip: HIALEAH FL 33016

*I hereby 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 all other like empowered.*

**SIGNATURE:** LEIVA, ALEXYS

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02/18/2016

Electronic Signature of Signing Officer/Director Detail

Date