# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 09, 2005 8:00 am**
**Secretary of State**
02-09-2005 90031 020 ****61.25

40015551

DOCUMENT # 758221

1. Entity Name
CARMEL FOREST HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3666 SW 57TH AVE.<br>MIAMI, FL 33155 | 3666 SW 57TH AVE.<br>MIAMI, FL 33155 |

02042005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-2345849 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| DEL RIO, ARTURO<br>3634 SW 57TH AVE<br>MIAMI, FL 33155 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when submitting)

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

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SIMAN, JOSE<br>3646 SW 57TH AVE<br>MIAMI, FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SIMAN, Matilde<br>3628 SW 57 AVE<br>MIAMI, FL 33155 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>DAWSON, SCOTT<br>3642 SW 57 AVE<br>MIAMI, FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DEL RIO, ARTURO<br>3634 SW 57TH AVE<br>MIAMI, FL 33155 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPS<br>BUCKLEY, JOHN<br>3638 SW 57TH AVE<br>MIAMI, FL 33155 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SIMONS, CHARLES<br>3646 SW 57TH AVE<br>MIAMI, FL 33155 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GARDAOR, DONALD<br>3610 SW 57TH AVE<br>MIAMI, FL 33155 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GARDNER, DONALD<br>3610 SW 57 AVE<br>MIAMI FL 33155 | ☒ Change ☐ Addition |

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:** John D Buckley 2/4/05 305 667 9483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #