

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 19, 2008 08:00 AM
Secretary of State**

DOCUMENT # 758221

1. Entity Name
CARMEL FOREST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**3666 SW 57TH AVE.
MIAMI, FL 33155**

Mailing Address
**3666 SW 57TH AVE.
MIAMI, FL 33155**

DO NOT WRITE IN THIS SPACE



02052008 No Chg-NP

CR2E037 (4/06)

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

**BOND, RADCLIFFE L
ONE NE 2ND AVENUE
SUITE 208
MIAMI, FL 33132**

**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 \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000931692
02/27/08-80026-016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMAN, MATILDE 3628 SOUTHWEST 57 AVENUE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL RIO, ARTURO 3634 SW 57TH AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUCKLEY, JOHN 3638 SW 57TH AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARDNER, DONALD 3610 SW 57TH AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRILLO, JESUS 3622 SW 57TH AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREUDMAN, DORIS 3630 SW 57TH AVE MIAMI, FL 33155

**DO NOT WRITE
IN THIS SPACE**

12. 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

2/06/08

Date

Daytime Phone #