

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90267 034 ****61.25

DOCUMENT # 770548	
1. Entity Name CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM " 3 " ASSOCIATION INC.	

Carmel at the California Club
 C/O Phoenix Management Services
 4780 N. State Road 7, Suite E250
 Lauderdale Lakes, Florida 33319

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 C/O Phoenix Management Services
 4780 N. State Road 7, Suite E250
 Lauderdale Lakes, Florida 33319

20046164



2. Principal Place of Business 831 NE 199th St Suite, Apt. #, etc. # 104 City & State Miami, FL Zip 33175 Country		3. Mailing Address 621 NW 53rd St Suite, Apt. #, etc. Suite # 300 City & State Boca Raton, FL Zip 33487 Country		03012005	Chg-NP	CR2E037 (10/03)
4. FEI Number 59-2339925				Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent UNITED COMMUNITY MGMT CORP 3300 UNIVERSITY DR. #405 CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name Randall K. Roger & Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 621 NW 53rd St. #300 City Boca Raton FL Zip Code 33487			
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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 Randall K. Roger & Associates, P.A. DATE 3-30-05
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAGROVE, MICHAEL 771 N.E. 199TH ST. APT. 108 N. MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. ALINA MILLER 771 N.E. 199 ST #207 MIAMI, FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treasurer NADINE MENSAH 771 N.E. 199 ST. #206 MIAMI, FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael Blagrove Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR