## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 771011** 

FILED Apr 27, 2006 Secretary of State

Entity Name: CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "4" ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:	
UNITED COMMUNITY		PHOENIX MANAGEMENT	
# 405 CORAL S	PRINGS, FL 33065	4800 N STATE ROAD LAUDERDALE LAKES	
Current Mailing Address:		New Mailing Address:	
UNITED COMMUNITY # 405 CORAL SPRINGS, FL 33065		PHOENIX MANAGEMENT 4800 N. STATE ROAD 7 SUITE 104 LAUDERDALE LAKES, FL 33319	
	r: 59-2352015 FEI Number Applied For ( ) FEI nce with s. 607.193(2)(b), F.S., the corporation did not recei	Number Not Applicable ( ) ive the prior notice.	Certificate of Status Desired ( )
Name and	d Address of Current Registered Agent:	Name and Address o	f New Registered Agent:
JNITED COMMUNITY MGNT 3300 UNIVERSITY DR		PHOENIX MANAGEMENT 4800 N STATE ROAD 7 SUITE	
: 405 CORAL SPRINGS, FL 33065 US		104 LAUDERDALE LAKES, FL 33319 US	
Th h			
n the Stat	e named entity submits this statement for the purpose e of Florida.	se of changing its registered	d office or registered agent, or both,
n the Stat	e named entity submits this statement for the purpose e of Florida. RE: PHOENIX MANAGEMENT SERVICE	se of changing its registered	d office or registered agent, or both, 04/27/2006
n the Stat	e of Florida.	se of changing its registered	
n the Stat SIGNATU	e of Florida.  RE: PHOENIX MANAGEMENT SERVICE		04/27/2006
n the Stat  BIGNATU  DFFICER  Title: lame: Address:	e of Florida.  RE: PHOENIX MANAGEMENT SERVICE  Electronic Signature of Registered Agent		04/27/2006 Date
n the Stat SIGNATU	re of Florida.  RE: PHOENIX MANAGEMENT SERVICE  Electronic Signature of Registered Agent  S AND DIRECTORS:  STD () Delete  CASTIE, ANTONIA  805 NE 199TH ST #103	ADDITIONS/CHANGE Title: Name: Address:	04/27/2006  Date  ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DON FITZGERALD PD 04/27/2006