

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771011

FILED
Aug 14, 2009
Secretary of State

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

Current Principal Place of Business:

PHOENIX MANAGEMENT
4800 N STATE ROAD 7
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

2200 NW 102 AVENUE
5
DORAL, FL 33172

Current Mailing Address:

PHOENIX MANAGEMENT
4800 N. STATE ROAD 7 SUITE 104
LAUDERDALE LAKES, FL 33319

New Mailing Address:

2200 NW 102 AVENUE
5
DORAL, FL 33172

FEI Number: 59-2352015 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PHOENIX MANAGEMENT
4800 N STATE ROAD 7 SUITE
104
LAUDERDALE LAKES, FL 33319 US

Name and Address of New Registered Agent:

C ARTEAGA
2200 NW 102 AVENUE
5
DORAL, FL 33172 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: C ARTEAGA

08/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: CASTIE, ANTONIA
Address: 805 NE 199TH ST #103
City-St-Zip: NORTH MIAMI, FL

Title: PD () Delete
Name: FITZGERALD, DON
Address: 805 NE 199 ST #102
City-St-Zip: NORTH MIAMI, FL

Title: VPD () Delete
Name: FITZGERALD, KATHLEEN
Address: 805 NE 199 STREET #102
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DELFOSSE, DESMON B
Address: 2200 NW 102 AVENUE, SUITE #5
City-St-Zip: DORAL, FL 33172

Title: VP (X) Change () Addition
Name: DE ARMAS TROWSDALE, REINA
Address: 2200 NW 102 AVENUE, SUTE #5
City-St-Zip: DORAL, FL 33172

Title: T (X) Change () Addition
Name: GRANT, KATIE
Address: 2200 NW 102 AVENUE, SUITE #5
City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify 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: DESMOND N. DELFOSSE

P

08/14/2009

Electronic Signature of Signing Officer or Director

Date