


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90572 026 \*\*\*\*61.25

**DOCUMENT # 771014**

1. Entity Name  
**CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "7" ASSOCIATION INC.**



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

**20036675**



2. Principal Place of business

831 NE 199 <sup>th</sup> St Suite, Apt. #, etc. #104 City & State Miami, FL Zip 33179	Country	621 NW 53 <sup>rd</sup> St. Suite, Apt. #, etc. Suite #300 City & State Boca Raton, FL Zip 33487	Country
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03012005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2360496 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent UNITED COMMUNITY MANAGEMENT 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 53 <sup>rd</sup> 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 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.  \$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	VPD NEASMAN, IRA 809 NE 199 #204 N. MIAMI BCH., FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer / Sec <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERRY, CLAUDIE 809 NE 199 ST #102 N MIAMI BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Claudia Terry</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V. President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARCELONA, DONNA 809 N.E. 199 STREET, #201 N. MIAMI BEACH, FL <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
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: Claudia Terry Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR