


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90044 036 ****61.25

DOCUMENT # 771014 1. Entity Name CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "7" ASSOCIATION, INC.					
Principal Place of Business C/O PHOENIX MANAGEMENT SERVICES 4800 N SR 7, SUITE 105 FORT LAUDERDALE, FL 33319 US			Mailing Address C/O PHOENIX MANAGEMENT SERVICES 4800 N SR 7, SUITE F105 FORT LAUDERDALE, FL 33319 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2360496	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RANDALL K ROGERS & ASSOCIATES, P.A. 621 NW 53RD ST, #300 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name Phoenix Management Services Street Address (P.O. Box Number is Not Acceptable) 4800 W State Rd 7 Suite 105 City Fort Lauderdale FL Zip Code 33319	
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 <u><i>Sheidan Goldbar</i></u> <u><i>7/31/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS NEASMAN, IRA 809 NE 199 #204 N. MIAMI BCH., FL	<input type="checkbox"/> Delete			
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	V 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"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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 lines empowered.			SIGNATURE: <u><i>Sheidan Goldbar</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			Date _____ Daytime Phone # _____		

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07082008 Chg-NP CR2E037 (12/06)