

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90190 015 ****61.25

DOCUMENT # 771290

1. Entity Name
CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "10" 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

50036456



2. Mailing Address 831 NE 199th St.		3. Mailing Address 621 NW 53rd St.		03012005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc. #204		Suite, Apt. #, etc. Suite # 300		4. FEI Number 59-2378232	
City & State Miami, FL		City & State Boca Raton, FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 33179		Zip 33487		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent UNITED COMMUNITY MANAGEMENT 3300 UNIVERSITY DRIVE SUITE 405 POMPANO BEACH			7. Name and Address of New Registered Agent Name Randall K. Roger + Associates PA. 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 report 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, Pres** 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 GOLEN, KAREN 801 NE 199 ST #203 MIAMI, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES, LINDA TILLET 801 N.E. 199 Street, #206 miami, FL, 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DORIA, JOAN 801 NE 199TH STREET #108 MIAMI, FL 33179 <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	VD OBERGON, GERALD 801 NE 199TH ST #106 MIAMI, FL 33179 <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: **Linda D. Tillet** **LINDA TILLET** 4/4/05 786-877-4418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #