


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 23, 2007 8:00 am**  
**Secretary of State**

05-23-2007 90026 019 \*\*\*\*61.25

**DOCUMENT # 771290**

1. Entity Name  
**CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "10" ASSOCIATION, INC.**



Principal Place of Business  
**831 NE 199TH ST #104 MIAMI, FL 33179 US**

Mailing Address  
**C/O PHOENIX MANAGEMENT 4800 N STATE RD 7 #104 LAUDERDALE LAKES, FL 33319 US**

40117982



2. Principal Place of Business - No P.O. Box #  
**Phoenix Management 4800 N. State Rd 7 FL 105**

3. Mailing Address  
**4800 N. State Rd 7 FL 105**

04042007 Chg-NP CR2E037 (12/06)

City & State  
**Lauderdale Lakes, FL**

City & State  
**Lauderdale Lakes, FL**

Zip  
**33319**

Country  
**US**

4. FEI Number  
**59-2378232**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**RANDALL K ROGER & ASSOC P A 621 NW 53RD ST #300 BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25 Due by May 1, 2007**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TILLET, LINDA 801 NE 199TH ST #206 MIAMI, FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DORIA, JOAN 801 NE 199TH STREET #108 MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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 like empowered.

SIGNATURE *John W. Zulus* Date 5/1/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 786-877-4418