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# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 17, 2005 8:00 am Secretary of State

05-17-2005 90015 018 \*\*\*\*61.25  
06-13-05 90002 038 - #61.25

DOCUMENT # N01335

1. Entity Name  
CARMEL AT THE CALIFORNIA CLUB CONDOMONIUM  
"11" ASSOCIATION, INC.




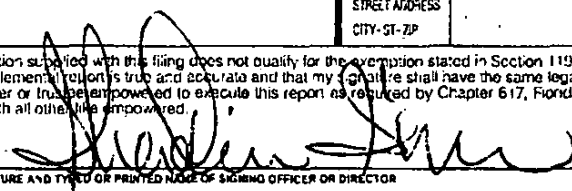
Carmel at the California Club Carmel at the California Club  
C/O Phoenix Management Service: C/O Phoenix Management Services  
4780 N. State Road 7, Suite E250 4780 N. State Road 7, Suite E250  
Lauderdale Lakes, Florida 33319 Lauderdale Lakes, Florida 33319



831 NE 199 <sup>th</sup> St. Suite, Apt. #, etc. #104 City & State Miami, FL Zip 33179		621 NW 53 <sup>rd</sup> St. Suite, Apt. #, etc. Suite #300 City & State Boca Raton, FL Zip 33487		03012005	Chg-NP	CR2E037 (10/03)
6. Name and Address of Current Registered Agent UNITED COMMUNITY AT 3300 N. UNIVERSITY # 405 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent 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		4. FEI Number 59-2431859		Applied For Not Applicable
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>Randall K. Roger, Pres.</u> DATE: <u>3-30-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
9. 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
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TAYLOR, RHONA		NAME			
STREET ADDRESS	821 NE 199TH ST #101		STREET ADDRESS			
CITY-ST-ZIP	N MIAMI, FL 33179		CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VILLARELLO, ALEX		NAME			
STREET ADDRESS	821 NE 199TH ST #101		STREET ADDRESS			
CITY-ST-ZIP	N MIAMI, FL 33179		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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: <u>[Signature]</u>				Date		Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>

DR 6/17

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <b>N01335</b>			
1. Entity Name <b>Carmel@Cali Club Condo Assoc, Inc</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		7. Name and Address of Current 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 _____ <small>Signature (hand or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)</small> DATE _____			
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE	<b>President</b>	TITLE	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	<b>Shakira Simon</b>	NAME	
STREET ADDRESS	<b>821 NE 199 ST 204</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>VP</b>	TITLE	
NAME	<b>Rona Taylor</b>	NAME	
STREET ADDRESS	<b>821 NE 199 ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Miami, FL</b>	CITY-ST-ZIP	
TITLE	<b>SEC</b>	TITLE	
NAME	<b>Alex Taylor</b>	NAME	
STREET ADDRESS	<b>821 NE 199 ST 102</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Miami, FL</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 supplement 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 on an attachment with an address, with all titles, like empowered.			
SIGNATURE: <b>X</b> 		SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E037B (12/02)