

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01335

FILED
May 08, 2009
Secretary of State

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

Current Principal Place of Business:

831 NE 199TH ST
#104
MIAMI, FL 33179

New Principal Place of Business:

831 NE 199TH ST
MIAMI, FL 33179

Current Mailing Address:

4800 N STATE ROAD 7
105
LAUDERDALE LAKES, FL 33319

New Mailing Address:

2200 NW 102 AVE
#5
DORAL, FL 33172

FEI Number: 59-2431859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PHOENIX MANAGEMENT SERVICES, INC.
4800 NORTH STATE ROAD 7
105
LAUDERDALE LAKES, FL 33319 US

Name and Address of New Registered Agent:

SPM GROUP MAINTENANACE DIV INC
2200 NW 102 AVE
5
DORAL, FL 33172 US

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.

SIGNATURE: C. ARTEAGA

05/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMON, SHAKKIRA
Address: 821 NE 199 STREET 204
City-St-Zip: N MIAMI, FL

Title: V () Delete
Name: TAYLOR, ROMA
Address: 821 NE 199 STREET
City-St-Zip: N MIAMI, FL 33179

Title: S () Delete
Name: TAYLOR, ALEX
Address: 821 NE 199 STREET 102
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KATIE, GRANT
Address: 2200 NW 102 AVE # 5
City-St-Zip: DORAL, FL 33172

Title: V (X) Change () Addition
Name: NILDA, PEREZ
Address: 2200 NW 102 AVE # 5
City-St-Zip: DORAL, FL 33172

Title: TS (X) Change () Addition
Name: TROWSDALE, REINA
Address: 2200 NW 102 AVE # 5
City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTEAGA, C.

CAM

05/08/2009

Electronic Signature of Signing Officer or Director

Date