

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Jul 17, 2009  
Secretary of State**

DOCUMENT# N01335

**Entity Name:** CARMEL AT THE CALIFORNIA CLUB CONDOMONIUM "11" ASSOCIATION, INC.**Current Principal Place of Business:**821 NE 199TH ST  
204  
MIAMI, FL 33179**New Principal Place of Business:**2200 NW 102 AVENUE  
5  
DORAL, FL 33172**Current Mailing Address:**821 NE 199TH ST  
204  
MIAMI, FL 33179**New Mailing Address:**2200 NW 102 AVENUE  
5  
DORAL, FL 33172

FEI Number: 59-2431859

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**THE FRYDMAN LAW GROUP, PLLC  
3389 SHERIDAN STREET  
#527  
HOLLYWOOD, FL 33021 US**Name and Address of New Registered Agent:**C ARTEAGA  
2200 NW 102 AVENUE  
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

07/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: SIMON, SHAAKIRA PRES  
Address: 821 NE 199TH STREET, #204  
City-St-Zip: MIAMI, FL 33179Title: V ( ) Delete  
Name: TAYLOR, ROMA VP  
Address: 821 NE 199TH STREET #204  
City-St-Zip: MIAMI, FL 33179Title: S ( ) Delete  
Name: TAYLOR, ALEX SEC  
Address: 821 NE 199TH STREET, #204  
City-St-Zip: MIAMI, FL 33179**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change ( ) Addition  
Name: GRANT, KATIE  
Address: 2200 NW 102 AVENUE, SUITE #5  
City-St-Zip: DORAL, FL 33172Title: VP (X) Change ( ) Addition  
Name: PEREZ, NILDA E  
Address: 2200 NW 102 AVENUE, SUTE #5  
City-St-Zip: DORAL, FL 33172Title: T (X) Change ( ) Addition  
Name: DE ARMAS TROWSDALE, REINA  
Address: 2200 NW 102 AVENUE, SUITE #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: KATIE GRANT

P

07/17/2009

Electronic Signature of Signing Officer or Director

Date