

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 SEP -2 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03122008 REIN-NP CR2E099 (1/07)

DOCUMENT # N01336 1. Entity Name CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "12" ASSOCIATION, INC.					
Principal Place of Business 831 NE 199TH ST # 104 MIAMI, FL 33179			Mailing Address 4800 N STATE ROAD 7 104 LAUDERDALE LAKES, FL 33319		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 105			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2431861	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RANDALL K ROGER & ASSOCIATES 821 NW 53RD, SUITE 300 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name Phoenix Management Services Street Address (P.O. Box Number is Not Acceptable) 4800 N State Rd 7 # 105 City Lauderdale Lakes FL 33319	
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		 Signature, typed or printed name of registered agent and title if applicable		DATE 8/22/08	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, GUISELLE 823 NE 199TH STREET, #101 MIAMI, FL 33179	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 900135372889 09/04/08--01036--011 **122.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIAZ, WILLIAM 323 NE 199 ST, # 101 MIAMI, FL 33179	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUHART, HELEN 223 NE 99ST, # 103 MIAMI, FL 33179	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

REINSTATEMENT 07-08

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 duly empowered.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____