

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01337

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "13" ASSOCIATION, INC.

**Current Principal Place of Business:**

3300 UNIVERSITY DR  
SUITE 405  
CORAL SPRINGS, FL 33065 US

**Current Mailing Address:**

3300 UNIVERSITY DR  
SUITE 405  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

4800 N STATE RD 7  
104  
LAUDERDALE LAKES, FL 33319 US

**New Mailing Address:**

4800 N STATE ROAD 7  
104  
LAUDERDALE LAKES, FL 33319 US

**FEI Number:** 59-2431866

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNITED COMMUNITY MANAGEMENT  
3300 UNIVERSITY DR  
STE 405  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

RANDALL K ROGERS & ASSOCIATES, PA  
621 NW 53 STREET  
300  
BOCA RATON, FL 33487 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: RANDALL K ROGERS 7 ASSOCIATES, PA

04/27/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: RAY, FLORA  
Address: 825 NE 199TH ST #107  
City-St-Zip: MIAMI, FL

Title: VP ( ) Delete  
Name: KLIEN, MINDY  
Address: 825 NE 198TH ST. #202  
City-St-Zip: MIAMI, FL 33179

Title: P ( ) Delete  
Name: DECORTE, MICHELLE  
Address: 825 NE 199 ST., #106  
City-St-Zip: MIAMI, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: RAY, FLORA  
Address: 825 NE 199TH ST #107  
City-St-Zip: MIAMI, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: DECORTE, MICHELLE  
Address: 825 NE 199 ST., #106  
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the 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: FLORA RAY

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date