

**2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N01337

**FILED**  
**Nov 19, 2009**  
**Secretary of State****Entity Name:** CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "13" ASSOCIATION, INC.**Current Principal Place of Business:**4800 N STATE RD 7  
#105  
LAUDERDALE LAKES, FL 33319 US**New Principal Place of Business:**2200 NW 102 AVE  
5  
DORAL, FL 33172 US**Current Mailing Address:**4800 N STATE RD 7  
#105  
LAUDERDALE LAKES, FL 33319 US**New Mailing Address:**2200 NW 102 AVE  
5  
DORAL, FL 33172 US**FEI Number:** 59-2431866 **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 N STATE RD 7  
#105  
LAUDERDALE LAKES, FL 33319 US**Name and Address of New Registered Agent:**C ARTEAGA  
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: CARTEAGA

11/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** WERNER, ALEJANDRO  
**Address:** 825 NE 199TH ST #205  
**City-St-Zip:** MIAMI, FL 33179**Title:** VD ( ) Delete  
**Name:** AZARI, YORAM  
**Address:** 825 NE 199TH ST #208  
**City-St-Zip:** MIAMI, FL 33179**Title:** SD ( ) Delete  
**Name:** WHITE, DENISE  
**Address:** 825 NE 199TH ST #206  
**City-St-Zip:** MIAMI, FL 33179**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change ( ) Addition  
**Name:** AZARI, YORAM  
**Address:** 825 NE 199 ST  
**City-St-Zip:** MIAMI, FL 33179**Title:** D (X) Change ( ) Addition  
**Name:** RAY, FLORA  
**Address:** 825 NE 199  
**City-St-Zip:** MIAMI, FL 33179**Title:** SD (X) Change ( ) Addition  
**Name:** WHITE, DENISE  
**Address:** 825 NE 199TH ST  
**City-St-Zip:** MIAMI, FL 33179**Title:** D ( ) Change (X) Addition  
**Name:** DECORTE, MICHELLE  
**Address:** 825 NE 199 ST  
**City-St-Zip:** MIAMI, FL 33179

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: CARTEAGA

RA

11/19/2009

Electronic Signature of Signing Officer or Director

Date