

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007471

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** VILLAS AT CARMEL CONDOMINIUM NO. 4 ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ALTON MADISON PROP MGMT  
381 N KROME AVENUE, SUITE 205  
HOMESTEAD, FL 33033

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ALTON MADISON PROP MGMT  
381 N KROME AVENUE, SUITE 205  
HOMESTEAD, FL 33033

**New Mailing Address:**

**FEI Number:** 20-1427139

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHMACHTENBERT & ASSOCIATES  
1533 SUNSET DRIVE  
SUITE 201  
CORAL GABLES, FL 33143 US

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

SCHMACHTENBERG & ASSOCIATES  
1533 SUNSET DRIVE  
SUITE 201  
CORAL GABLES, FL 33143 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:** LEE SCHMACHTENBERG

05/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** WILLIAMS, LISA MAE  
**Address:** 381 N KROME AVENUE 205  
**City-St-Zip:** HOMESTEAD, FL 33030

**Title:** DST  
**Name:** HAUSER, JILL  
**Address:** 381 N KROME AVENUE 205  
**City-St-Zip:** HOMESTEAD, FL 33030

I hereby 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 all other like empowered.

**SIGNATURE:** LISA MAE WILLIAMS

P

05/01/2012

Electronic Signature of Signing Officer or Director

Date