

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 APR 30 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03122008 REIN-NP CR2E099 (1/07)

4. FEI Number
59-2564923

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name: Phoenix Management Services Inc
Street Address (P.O. Box Number is Not Acceptable):
4800 N State Rd 7 #105
City: Lauderdale Lakes FL Zip Code: 33319

DOCUMENT # N04450

1. Entity Name
CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "14"
ASSOCIATION, INC.



Principal Place of Business
831 NE 199 STREET
MIAMI, FL 33179

Mailing Address
4800 N STATE ROAD 7
~~104~~
LAUDERDALE LAKES, FL 33319

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.
105

City & State

City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

~~RANDALL K ROGERS & ASSOCIATES, PA~~
~~621 NW 59RD STREET~~
~~300~~
~~BOCA RATON, FL 33487~~

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 Sheldon Govee Sheldon Govee 4/23/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	DS	<input type="checkbox"/> Delete
NAME	VOGLER, JIM	
STREET ADDRESS	911 NE 199 STREET	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WIGGINS, KEVIN	
STREET ADDRESS	911 NE 199TH ST #105	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Janet Paparelli	
STREET ADDRESS	911 NE 199th St	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT 07-08

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

400129431514
05/14/08--01007--016 **122.50

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 like empowered

SIGNATURE: [Signature] 3/19/08 3053322562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone