


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90513 024 ****61.25

DOCUMENT # N07652			
1. Entity Name CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "16" ASSOCIATION, INC.			
Principal Place of Business 3300 UNIVERSITY DR # 405 CORAL SPRINGS, FL 33065		Mailing Address 3300 UNIVERSITY DR # 405 CORAL SPRINGS, FL 33065	
2. Principal Place of Business 831 NE 199th St		3. Mailing Address 621 NW 53rd St	
Suite, Apt. #, etc. # 104		Suite, Apt. #, etc. Suite # 300	
City & State Miami, FL		City & State Boca Raton, FL	
Zip 33179		Zip 33487	
Country		Country	
03012005		Chg-NP	
CR2E037 (10/03)		Applied For Not Applicable	
4. FEI Number 59-2564859		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED COMMUNITY MANAGEMENT 3300 UNIVERSITY DR # 405 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name: Randall K. Roger + Associates PA Street Address (P.O. Box Number is Not Acceptable): 621 NW 53rd St, #300 City: Boca Raton FL Zip Code: 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: <u>Randall K. Roger</u>		DATE: <u>3-30-05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	SD COVIN, PAULETTE 935 NE 199TH ST # 104 NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARRIES, INGRID 935 NE 199TH ST, #208 NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 435 NE 199th St. 204 Paulette Leou
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PERVANICHE, LEON 935 NE 199TH ST., #204 MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>P. Leou</u>		Date: _____ Daytime Phone # _____	