

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07652

FILED
Apr 27, 2006
Secretary of State

Entity Name: CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "16" ASSOCIATION, INC.

Current Principal Place of Business:

831 NE 199TH STREET
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

621 NW 53RD STREET
SUITE 300
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 59-2564859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANDALL K ROGER & ASSOCIATES PA
322 NW 53RD STREET, #300
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: COVIN, PAULETTE
Address: 935 NE 199TH ST # 104
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: V () Delete
Name: CARRIES, INGRID
Address: 435 NE 199TH STREET, 204
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: P (X) Delete
Name: PERVANICHE, LEON
Address: 935 NE 199TH ST., #204
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: COVIN, PAULETTE
Address: 935 NE 199TH ST # 104
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: PD (X) Change () Addition
Name: CARRIES, INGRID
Address: 435 NE 199TH STREET, 204
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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

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: INGRID CARRIES

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date