


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90295 046 \*\*\*\*61.25

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|---|---|---|---|
| <b>DOCUMENT # N09942</b>  |   |    |   |
| 1. Entity Name<br>CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "19" ASSOCIATION, INC.  |   |   |   |
| Principal Place of Business<br>3300 UNIVERSITY DR<br>405<br>CORAL SPRINGS, FL 33065 US  |   | Mailing Address<br>3300 UNIVERSITY DR<br>405<br>CORAL SPRINGS, FL 33065 US  |   |
| 2. Principal Place of Business<br>831 NE 199th St<br>Suite, Apt. #, etc.<br>#104<br>City & State<br>Miami, FL<br>Zip<br>33179 Country   |   | 3. Mailing Address<br>621 NW 53rd St<br>Suite, Apt. #, etc.<br>Suite #300<br>City & State<br>Boca Raton, FL<br>Zip<br>33487 Country   |   |
| 03012005 Chg-NP   |   | CR2E037 (10/03)   |   |
| 4. FEI Number<br>59-2564866   |   | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br>UNITED COMMUNITY MANAGEMENT CORP<br>3300 UNIVERSITY DR<br>405<br>CORAL SPRINGS, FL 33065   |   | 7. Name and Address of New Registered Agent<br>Name<br>Randall K. Roger & Associates P.A.<br>Street Address (P.O. Box Number is Not Acceptable)<br>621 NW 53rd St #300<br>City<br>Boca Raton FL Zip Code<br>33487 |   |
| 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <u>Randall K. Roger, Pres</u> DATE <u>3-30-05</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |   |
| 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>SHEFFIELD, KIMBER-LEE<br>909 N.E. 199 ST., #102<br>N. MIAMI, FL 33129 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S D<br>GARCIA, JESUS<br>909 N.E. 199 ST., #206<br>N. MIAMI, FL 33179 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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>Kimber-lee Sheffield</u>  |   | Date <u>13 April 2005</u> 305<br>Daytime Phone # <u>654-3600</u>  |   |