

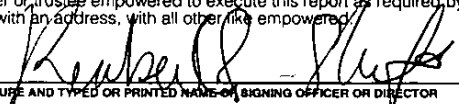


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90029 003 ****61.25

DOCUMENT # N09942 1. Entity Name CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "19" ASSOCIATION, INC.			
Principal Place of Business 831 NE 199TH ST # 104 MIAMI, FL 33179 US		Mailing Address 621 NW 53RD ST SUITE 3060 BOCA RATON, FL 33487 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Ap Phoenix Management Services, Inc. c.		04042007 Chg-NP CR2E037 (12/06)	
City & St 4800 North State Road 7		4. FEI Number 59-2564866 Applied For <input type="checkbox"/> Not Applicable	
Zip Suite 105		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Lauderdale Lakes, FL 33319		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RANDALL K ROGER & ASSOCIATES P.A. 621 NW 53RD ST # 300 BOCA RATON, FL 33487		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2007		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	PD SHEFFIELD, KIMBER-LEE 909 N.E. 199 ST., #102 N. MIAMI, FL 33129 <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	SD GARCIA, JESUS 909 N.E. 199 ST., #206 N. MIAMI, 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	