


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

06-09-2008 90003 030 ****61.25

DOCUMENT # N09942					
1. Entity Name CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "19" ASSOCIATION, INC.					
Principal Place of Business		Mailing Address			
PHOENIX MANAGEMENT SERVICES, INC. 4800 NORTH STATE ROAD 7 SUITE 105 LAUDERDALE LAKES, FL 33319 US		PHOENIX MANAGEMENT SERVICES, INC. 4800 NORTH STATE ROAD 7 SUITE 105 LAUDERDALE LAKES, FL 33319 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2564866	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of Now Registered Agent		
RANDALL K ROGER & ASSOCIATES P.A. 621 NW 53RD ST #300 BOCA RATON, FL 33487			Name PHOENIX BEAR SUCCS Street Address (Or Box Number - Not Applicable) 4800 N STATE RD 7 #105 City LAUDERDALE LAKES FL Zip Code 33319		
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 <i>Sheldon Goldberg</i>		SIGNATURE <i>Sheldon Goldberg</i>		DATE 6/5/08	
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEFFIELD, KIMBER-LEE		NAME		
STREET ADDRESS	909 N.E. 199 ST., #102		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI, FL 33129		CITY-ST-ZIP		
TITLE	S D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCIA, JESUS		NAME		
STREET ADDRESS	909 N.E. 199 ST., #206		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI, FL 33179		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Kimber-lee Sheffield</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

