


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N09942</b> 1. Entity Name <b>CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "19" ASSOCIATION, INC.</b>					
Principal Place of Business <b>PHOENIX MANAGEMENT SERVICES, INC. 4800 NORTH STATE ROAD 7 SUITE 105 LAUDERDALE LAKES, FL 33319 US</b>			Mailing Address <b>PHOENIX MANAGEMENT SERVICES, INC. 4800 NORTH STATE ROAD 7 SUITE 105 LAUDERDALE LAKES, FL 33319 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2564866</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>RANDALL K ROGER &amp; ASSOCIATES P.A. 621 NW 53RD ST #300 BOCA RATON, FL 33487</b>				7. Name and Address of New Registered Agent Name <b>PHOENIX MANAGEMENT SERVICES</b> Street Address <b>4800 N STATE RD #105</b> City <b>LAUDERDALE LAKES</b> FL Zip Code <b>33319</b>	
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><i>Sheldon Goldberg</i></u> <u><i>Sheldon Goldberg</i></u> <u><i>6/5/08</i></u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D GARCIA, JESUS 909 N.E. 199 ST., #206 N. MIAMI, FL 33179	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D GARCIA, JESUS 909 N.E. 199 ST., #206 N. MIAMI, FL 33179	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D GARCIA, JESUS 909 N.E. 199 ST., #206 N. MIAMI, FL 33179	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D GARCIA, JESUS 909 N.E. 199 ST., #206 N. MIAMI, FL 33179	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D GARCIA, JESUS 909 N.E. 199 ST., #206 N. MIAMI, FL 33179	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Kimber-Ann Sheffield</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	