## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09942

Jul 17, 2009 Secretary of State

Entity Name: CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "19" ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

PHOENIX MANAGEMENT SERVICES, INC. 2200 NW 102 AVENUE

4800 NORTH STATE ROAD 7 SUITE 105

LAUDERDALE LAKES, FL 33319 DORAL, FL 33172

**Current Mailing Address: New Mailing Address:** 

PHOENIX MANAGEMENT SERVICES, INC. 2200 NW 102 AVENUE 4800 NORTH STATE ROAD 7 SUITE 105 LAUDERDALE LAKES, FL 33319 US

DORAL, FL 33172 US

FEI Number: 59-2564866 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PHOENIX MGMT SVCS C ARTEAGA

4800 N ST RD #105 2200 NW 102 AVENEU LAUDERDALE LAKES, FL 33319 US DORAL, FL 33172 US

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: CARTEAGA 07/17/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

SHEFFIELD, KIMBER-LEE GRANT, KATIE Name: Name: 909 N.E. 199 ST., #102 Address: 2200 NW 102 AVENUE, #5 Address:

N. MIAMI, FL 33129 City-St-Zip: City-St-Zip: DORAL, FL 33172

Title: SD ( ) Delete Title: (X) Change ( ) Addition Name: GARCIA, JESUS Name: PEREZ, NILDA E

Address: 909 N.E. 199 ST., #206 Address: 2200 NW 102 AVENUE, #5 City-St-Zip: N. MIAMI, FL 33179 City-St-Zip: DORAL, FL 33172

Title: () Delete Title: ( ) Change (X) Addition Name: DE ARMAS TROWSDALE, REINA Name: 2200 NW 102 AVENUE, #5 Address: Address:

City-St-Zip: City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify 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: KATIE GRANT Ρ 07/17/2009