


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

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

04-18-2005 90572 027 \*\*\*\*61.25

**DOCUMENT # N09948**  
 1. Entity Name  
**CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "22" ASSOCIATION, INC.**



**20036674**



Principal Place of Business  
 3300 UNIVERSITY AVE  
 #405  
 CORAL SPRINGS, FL 33065 US

Mailing Address  
 3300 UNIVERSITY AVE  
 #405  
 CORAL SPRINGS, FL 33065 US

03012005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business  
 831 NE 199th St  
 Suite, Apt. #, etc.  
 # 04

3. Mailing Address  
 627 NW 53rd St  
 Suite, Apt. #, etc.  
 Suite # 300

City & State  
 Miami, FL

City & State  
 Boca Raton, FL

Zip  
 33179

Zip  
 33487

4. FEI Number  
 59-2564926

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 UNITED COMMUNITY MANAGEMENT  
 3300 UNIVERSITY DR #405  
 CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent  
 Name: **Randall K. Roger + Associates P.A.**  
 Street Address (P.O. Box Number is Not Acceptable):  
 627 NW 53rd St. #300  
 City: **Boca Raton** FL Zip Code: **33487**

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: **Randall K. Roger** DATE: **3-30-05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENNETTI, LORRAINE 931 N.E. 199TH ST., #201 MIAMI, FL 33170	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, ROLAND 931 N.E. 199TH STREET MIAMI, FL 33170	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ELKIN, PAULETTE 931 N.E. 199TH STREET MIAMI, FL 33170	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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: **Roland Nelson** Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR