

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

06-18-2007 90004 018 ****61.25

DOCUMENT # N09948

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



Principal Place of Business
**831 NE 199TH ST #104
MIAMI, FL 33179 US**

Mailing Address
**621 NW 53RD ST, STE 300
BOCA RATON, FL 33487 US**

40121068



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. **Phoenix Management Services, Inc.**
4800 North State Road 7
City & State **Suite 105**
Zip **Lauderdale Lakes, FL 33319**

04042007 Chg-NP CR2E037 (12/06)

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

**RANDAL K ROGER & ASSOC. PA
621 NW 53RD ST #300
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name **Phoenix Management**
Street Address (P.O. Box Number is Not Acceptable) **4800 N. STATE Rd. 7**
Suite 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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

ROLAND E NELSON

6/10/07 305 652 2691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #