


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2008 8:00 am**  
**Secretary of State**

07-23-2008 90015 045 \*\*\*\*61.25

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # N09948</b><br>1. Entity Name<br><b>CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "22" ASSOCIATION, INC.</b>  |   |  |   |    |  |
| Principal Place of Business<br><b>PHOENIX MGMT SERVICES INC</b><br><b>4800 N STATE RD 7 STE 105</b><br><b>LAUDERDALE LAKES, FL 33319 US</b>  |   |  | Mailing Address<br><b>PHOENIX MGMT SERVICES INC</b><br><b>4800 N STATE RD 7 STE 105</b><br><b>LAUDERDALE LAKES, FL 33319 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |   |  |
| City & State   |   | City & State   |   | 4. FEI Number<br><b>59-2564926</b>  |  |
| Zip  |   | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PHOENIX MGMT</b><br><b>4000 N STATE RD 7 STE 105</b><br><b>LAUDERDALE LAKES, FL 33319</b>  |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 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.<br>SIGNATURE <u><i>Pam Costen</i></u> <span style="float: right;">DATE</span><br><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</b><br><b>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to</b><br><b>Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SD<br>PENNETTI, LORRAINE<br>931 N.E. 199TH ST., #201<br>MIAMI, FL 33170 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>NELSON, ROLAND<br>931 N.E. 199TH STREET<br>MIAMI, FL 33170        | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VPD<br>ELKIN, PAULETTE<br>931 N.E. 199TH STREET<br>MIAMI, FL 33170      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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>Paulette Elkin</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  | Date <u>7/2/08</u> Daytime Phone # <u>305 776 3390</u>  |   |  |