

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jun 04, 2009  
Secretary of State

DOCUMENT# N09948

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

**Current Principal Place of Business:**

PHOENIX MGMT SERVICES INC  
4800 N STATE RD 7 STE 105  
LAUDERDALE LAKES, FL 33319 US

**New Principal Place of Business:**

2200 NW 102 AVENUE  
SUITE 5  
DORAL, FL 33172 US

**Current Mailing Address:**

PHOENIX MGMT SERVICES INC  
4800 N STATE RD 7 STE 105  
LAUDERDALE LAKES, FL 33319 US

**New Mailing Address:**

2200 NW 102 AVENUE  
SUITE 5  
DORAL, FL 33172 US

FEI Number: 59-2564926      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:**

PHOENIX MGMT  
4000 N STATE RD 7 STE 105  
LAUDERDALE LAKES, FL 33319 US

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

C ARTEAGA  
2200 NW 102 AVENUE  
SUITE 5  
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: C ARTEAGA

06/04/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: PENNETTI, LORRAINE  
Address: 931 N.E. 199TH ST., #201  
City-St-Zip: MIAMI, FL 33170

Title: PD ( ) Delete  
Name: NELSON, ROLAND  
Address: 931 N.E. 199TH STREET  
City-St-Zip: MIAMI, FL 33170

Title: VPD ( ) Delete  
Name: ELKIN, PAULETTE  
Address: 931 N.E. 199TH STREET  
City-St-Zip: MIAMI, FL 33170

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DE ARMAS TROWSDALE, REINA  
Address: 2200 NW 102 AVENUE, #5  
City-St-Zip: DORAL, FL 33172

Title: VP (X) Change ( ) Addition  
Name: PEREZ, NILDA E  
Address: 2200 NW 102 AVENUE, #5  
City-St-Zip: DORAL, FL 33172

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

PD

06/04/2009

Electronic Signature of Signing Officer or Director

Date