

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90222 031 ****61.25

DOCUMENT # N11371			
1. Entity Name CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "21" ASSOCIATION, INC.			
Principal Place of Business 3300 UNIVERSITY DR # 405 CORAL SPRINGS, FL 33065		Mailing Address 3300 UNIVERSITY DR # 405 CORAL SPRINGS, FL 33065	
2. Principal Place of Business 831 NE 199th St. Suite, Apt. #, etc. # 104 City & State Miami, FL Zip 33179		3. Mailing Address 627 NW 53rd St. Suite, Apt. #, etc. Suite # 300 City & State Boca Raton, FL Zip 33487	
		03012005 Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-2717129	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED COMMUNITY MANAGEMENT 3300 UNIVERSITY DR # 405 CORAL GABLES, 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: <i>Randall K. Roger</i>		DATE: 3-30-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: SCHWALB, CHERYL STREET ADDRESS: 919 NE 199TH STREET CITY-ST-ZIP: N. MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: FRIED, RANDEE STREET ADDRESS: 919 NE 199TH ST CITY-ST-ZIP: N. MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete	TITLE: V President NAME: Randeo Fried STREET ADDRESS: 919 N.E. 199st, #202 CITY-ST-ZIP: Miami, FL - 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: BATTLE, ANGELA STREET ADDRESS: 919 NE 199 ST., #203 CITY-ST-ZIP: N. MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete	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"/> Delete	TITLE: Michelle Bolt, President NAME: STREET ADDRESS: 919 N.E. 199street, # 104 CITY-ST-ZIP: miami, FL. 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	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"/> Delete	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: <i>Angela Battle</i>		Date: _____ Daytime Phone # _____	