2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11371

FILED Aug 24, 2009 Secretary of State

Entity Name: CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "21" ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

2200 NW 102 AVE, SUITE #5

C/O PHOENIX MANAGEMENT SERVICES, INC.

DORAL, FL 33172

4800 N. STATE RD 7, #105 LAUDERDALE LAKES, FL 33319

Current Mailing Address:

New Mailing Address:

C/O PHOENIX MANAGEMENT SERVICES, INC.

2200 NW 102 AVE, SUITE #5

4800 N. STATE RD 7, #105

FEI Number: 59-2717129

DORAL, FL 33172

LAUDERDALE LAKES, FL 33319

FEI Number Not Applicable ()

FEI Number Applied For () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PHOENIX MANAGEMENT SERVICES, INC.

C ARTEAGA

4800 N. STATE RD 7, #105 LAUDERDALE LAKES, FL 33319 2200 NW 102 AVE, SUITE #5 DORAL, FL 33172

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: CARTEAGA

08/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete FRIED, RANDEE Name:

(X) Change () Addition Name: NIKES, DARCY

Address: 2200 NW 102 AVE, SUITE #5

919 NE 199 STREET, #202 Address: MIAMI, FL 33179 City-St-Zip:

City-St-Zip: DORAL, FL 33172

Title: SD () Delete Title: (X) Change () Addition Name: DE ARMAS TROWSDALE, REINA

NIKES, DARCY Name: Address: 919 NE 199 STREET, #204

Address: 2200 NW 102 AVE. SUITE #5 City-St-Zip: DORAL, FL 33172

City-St-Zip: MIAMI, FL 33179

> Title: (X) Change () Addition

Title: VPD () Delete CONDE, JAVIER Name:

Name: ALEXANDER, CYNTHIA 2200 NW 102 AVE, SUITE #5 Address:

919 NE 199 ST., #104 Address: City-St-Zip: MIAMI, FL 33179

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: DARCY NIKES Ρ 08/24/2009