2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2009
Secretary of State

DOCUMENT# N13566

Entity Name: CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "30" ASSOCIATION, INC.

Current Principal Place of Business:

831 NE 199 STREET
104
MIAMI, FL 33179 US

New Principal Place of Business:

2200 NW 102 AVE, SUITE #5
DORAL, FL 33172 US

Current Mailing Address:

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

New Mailing Address:

2200 NW 102 AVE, SUITE #5
DORAL, FL 33172 US

FEI Number: 59-2725768 **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 MANAGEMENT SERVICES, INC.
4800 N. STATE RD. 7
#105
LAUDERDALE LAKES, FL 33319 US

Name and Address of New Registered Agent:

C ARTEAGA
2200 NW 102 AVE, 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 08/24/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PEREZ, NILDA
Address: 829 NE 199TH STREET SUITE 101
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: DVP ( ) Delete
Name: MELARNED, DIANE
Address: 829 NE 199TH STREET SUITE 104
City-St-Zip: MIAMI, FL 33179

Title: STD ( ) Delete
Name: RAMANO, JULIE
Address: 829 NE 199 STREET, #102
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change ( ) Addition
Name: MELARNED, DIANE
Address: 2200 NW 102 AVE, SUITE #5
City-St-Zip: DORAL, FL 33172

Title: STD (X) Change ( ) Addition
Name: DE ARMAS TROWSDALE, REINA
Address: 2200 NW 102 AVE, SUITE #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: NILDA E. PEREZ P 08/24/2009
Electronic Signature of Signing Officer or Director — Date