

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13568

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "25" ASSOCIATION, INC.

**Current Principal Place of Business:**

831 NE 199TH STREET  
SUITE 104  
MIAMI, FL 33179 US

**New Principal Place of Business:**

**Current Mailing Address:**

621 NW 53RD STREET  
SUITE 300  
BOCA RATON, FL 33487 US

**New Mailing Address:**

**FEI Number:** 59-2717128

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RANDALL K. ROGERS & ASSOC., P.A.  
621 NW 53RD STREET  
SUITE 300  
BOCA RATON, FL 33487 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MATOS, ANNA  
Address: 921 NE 199 ST. #102  
City-St-Zip: MIAMI, FL 33179

Title: STD ( ) Delete  
Name: JACKSON, ANETRA  
Address: 921 NE 199TH ST., #104  
City-St-Zip: MIAMI, FL 33179

Title: VPD ( ) Delete  
Name: SNYDER, BEATRICE B  
Address: 921 NE 199 ST., #108  
City-St-Zip: MIAMI, FL 33179

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANNA MATOS

PD

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date