


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90029 002 ****61.25

DOCUMENT # N13568			
1. Entity Name CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "25" ASSOCIATION, INC.			
Principal Place of Business 831 NE 199TH STREET SUITE 104 MIAMI, FL 33179 US		Mailing Address 621 NW 53RD STREET SUITE 300 BOCA RATON, FL 33487 US	
2. Principal Place of		04042007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc Phoenix Management Services, Inc. 4800 North State Road 7		4. FEI Number 59-2717128	
City & State Suite 105 Lauderdale Lakes, FL 33319		Applied For Not Applicable	
Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RANDALL K. ROGERS & ASSOC., P.A. 621 NW 53RD STREET SUITE 300 BOCA RATON, FL 33487		Name <i>Phoenix Management</i> Street Address (P.O. Box Number is Not Acceptable) <i>4800 N. State Road 7 PLUS</i> City <i>Lauderdale Lakes</i> FL Zip Code <i>33329</i>	
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>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.		DATE <i>4/11/07</i> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MATOS, ANNA 921 NE 199 ST. #102 MIAMI, 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	STD JACKSON, ANETRA 921 NE 199TH ST., #104 MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>STD BING, FRED</i> <i>APT 106</i> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>921 NE 199ST</i> <i>MTA FL 33179</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SNYDER, BEATRICE B 921 NE 199 ST., #108 MIAMI, 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 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
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 exemptions contained 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 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>[Signature]</i> ANNA MATOS		Date <i>04/11/07</i> Daytime Phone # <i>305-653-5216</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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