

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 14, 2008**  
**Secretary of State**

DOCUMENT# N13568

**Entity Name:** CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "25" ASSOCIATION, INC.**Current Principal Place of Business:**PHOENIX MGMT STERVICES, INC.  
4800 NORTH STATE RD. 7  
FORT LAUDERDALE, FL 33319 US**New Principal Place of Business:****Current Mailing Address:**PHOENIX MGMT STERVICES, INC.  
4800 NORTH STATE RD. 7  
FORT LAUDERDALE, FL 33319 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:**PHOENIX MGMT STERVICES, INC.  
4800 N. STATE RD. 7 P105  
FORT LAUDERDALE, FL 33319 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:** STD ( ) Delete  
**Name:** BING, FRED  
**Address:** 921 NE 199 ST.  
**City-St-Zip:** MIAMI, FL 33179**Title:** VP ( ) Delete  
**Name:** BING, FRED  
**Address:** 921 NE 199ST APT 106  
**City-St-Zip:** MIAMI, FL 33179**Title:** P ( ) Delete  
**Name:** MATOS, ANNA  
**Address:** 921 NE 199 ST #102  
**City-St-Zip:** MIAMI, FL 33179**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** MATOS, ANNA  
**Address:** 921 NE 199 ST. #102  
**City-St-Zip:** MIAMI, FL 33179**Title:** VPD (X) Change ( ) Addition  
**Name:** SNYDER, BEATRICE B  
**Address:** 921 NE 199ST #108  
**City-St-Zip:** MIAMI, FL 33179**Title:** SD (X) Change ( ) Addition  
**Name:** VARGAS, ELLEN  
**Address:** 921 NE 199 ST #202  
**City-St-Zip:** MIAMI, FL 33179

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: ANNA MATOS

PD

10/14/2008

Electronic Signature of Signing Officer or Director

Date