

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