
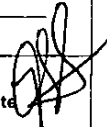


**2008 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**

FILED

2008 AUG 26 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13872			
1. Entity Name CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "32" ASSOCIATION, INC.			
Principal Place of Business 831 NE 199TH ST #104 MIAMI, FL 33179 US		Mailing Address 621 NW 53RD ST #300 BOCA RATON, FL 33487 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4800 N State Rd 7	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste 105	
City & State		City & State Lauderdale Lakes, FL	
Zip	Country	Zip	Country
33319	USA	33319	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RANDALL K ROGER + ASSOCIATES, P.A. 621 NW 53RD ST #300 BOCA RATON, FL 33487		Name: Phoenix Management Services Street Address (P.O. Box Number is Not Acceptable): 4800 N State Rd 7 #105 City: Lauderdale Lakes FL Zip Code: 33319	
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>Sheldon Gully</i>		SIGNATURE: <i>Sheldon Goldberg</i> 8/8/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
		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 GOSEN, ELIZABETH 815 NE 199TH ST 103 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600135279286 09/03/08--01007--001 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD QUINONES, DEBORAH 815 NE 199 STREET #202 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	SD GARCIA, HELMUTH 815 NE 199 STREET #201 MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 07-08
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 address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date: 8/8/08 9546409070	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	