

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# N13883

Entity Name: CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "31" ASSOCIATION, INC.

Current Principal Place of Business:

CARMEL AT THE CALIFORNIA CLUB
827 NE 199TH STREET APT. 202
NORTH MIAMI, FL 33179 US

New Principal Place of Business:

CARMEL AT THE CALIFORNIA CLUB 31
827 NE 199TH STREET
NORTH MIAMI, FL 33179 US

Current Mailing Address:

PHOENIX MANAGEMENT
4800 N. STATE RD. 7 F105
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

2200 NW 102 AVE SUITE
5
DORAL, FL 33172 US

FEI Number: 59-2795332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PHOENIX MANAGEMENT
4800 N. STATE RD. 7
F 105
LAUDERDALE LAKES, FL 33319 US

Name and Address of New Registered Agent:

C. ARTEAGA
2200 NW 102 AVE
5
DORAL, FL 33172 US

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: C. ARTEAGA

05/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARROYO, SOLANGE
Address: 827 NE 199TH #202
City-St-Zip: MIAMI, FL 33179

Title: VPD () Delete
Name: LOPEZ, BEATRIZ
Address: 827 NE 199TH ST. #101
City-St-Zip: MIAMI, FL 33179

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOPEZ, BEATRICE
Address: 2200 NW 102 AVE
City-St-Zip: DORAL, FL 33172

Title: VPD (X) Change () Addition
Name: HANNER, DANIEL
Address: 2200 NW 102 AVE
City-St-Zip: DORAL, FL 33172

Title: SC () Change (X) Addition
Name: PRENDERGA, CALVIN
Address: 2200 NW 102 AVE
City-St-Zip: DORAL, FL 33172

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: C. ARTEAGA

MGR

05/13/2009

Electronic Signature of Signing Officer or Director

Date