

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 MAY 13 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08^{KS}

DOCUMENT # N14897 1. Entity Name CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "24" ASSOCIATION, INC.			
Principal Place of Business 831 NE 199TH ST #104 MIAMI, FL 33779 US		Mailing Address 621 NW 53RD ST STE 300 BOCA RATON, FL 33487 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.		3. Mailing Address 4800 N State Rd 7 Suite, Apt #, etc. 105	
City & State Zip Country		City & State Lauderdale Lakes, FL Zip Country 33319 USA	
4. FEI Number 59-2725746		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate or Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RANDALL K ROGERS & ASSOCIATES PA 621 NW 53RD ST #300 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent 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>Sheela Goldberg</i>		SIGNATURE: <i>Sheela Goldberg</i>	
(Signature, typed or printed name of registered agent and title if applicable)		(NOTE: Registered Agent signature required when reinstating) DATE: 4/30/08	
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: PD NAME: OBAS, GAIL STREET ADDRESS: 927 NE 199 ST, APT 108 CITY-ST-ZIP: NORTH MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: LOUISE MUOIO STREET ADDRESS: 927 NE 199 ST MIAMI, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: MUOIO, LOUISE STREET ADDRESS: 927 NE 199 ST #208 CITY-ST-ZIP: MIAMI, FL 33179	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: REINA DE HARMS - SEC/TREAS STREET ADDRESS: 927 NE 199 ST MIAMI, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Louise Muoio</i>		SIGNATURE: <i>Louise Muoio-Pres</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: Daytime Phone:	