2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N16991

1. Entity Name
CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "27"
ASSOCIATION, INC.

14006004

Principal Place of Business	Mailing Address
3300 UNIV. DR. 405	3300 UNIV. DR. 405
CORAL SPRINGS, FL 33065	2901 SIMMS STREET
	CORAL SPRINGS, FL 33065

2. Principal Place of Business
831 NE 199th St.

Suite, Apt. #, etc.
#104

City & State
Miami, FL

Zip *33179*   Country

3. Mailing Address
621 NW 53rd St.

Suite, Apt. #, etc.
Suite #300

City & State
Boca Raton, FL

Zip *33487*   Country

03012005   Chg-NP   CR2E037 (10/03)

4. FEI Number
59-2726127

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
UNITED COMMUNITY MANAGEMENT
3300 UNIV. DR. 405
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent
Name *Randall K. Roger + Associates P.A.*
Street Address (P.O. Box Number is Not Acceptable) *621 NW 53rd St. #300*
City *Boca Raton*   FL   Zip Code *33487*

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 *Randall K. Roger, Pres*   DATE *3-30-05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 **Due by May 1, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make check payable to** **Florida Department of State**

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	ABECASSIS, ABE		NAME			
STREET ADDRESS	923 N.E. 199TH ST., #202		STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH, FL		CITY-ST-ZIP			
TITLE	VPD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	ABECASSIS, INGRID		NAME			
STREET ADDRESS	923 NE 199TH ST #202		STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH, FL 33179		CITY-ST-ZIP			
TITLE	SD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	CALAHATIAN, AMELIA		NAME			
STREET ADDRESS	923 NE 199 ST., #204		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #