


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90218 047 ****61.25

DOCUMENT # N16991			
1. Entity Name CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "27" ASSOCIATION, INC.			
Principal Place of Business 3300 UNIV. DR. 405 CORAL SPRINGS, FL 33065		Mailing Address 3300 UNIV. DR. 405 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		3. Mailing Address 621 NW 53rd St Suite, Apt. #, etc. Suite # 300 City & State Boca Raton, FL Zip 33487	
03012005 Chg-NP CR2E037 (10/03)		4. FEI Number 59-2726127	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
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 <u>Randall K. Roger, Pres</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>3-30-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABECASSIS, ABE 923 N.E. 199TH ST., #202 NORTH MIAMI BEACH, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ABECASSIS, INGRID 923 NE 199TH ST #202 N MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALAHATIAN, AMELIA 923 NE 199 ST., #204 MIAMI, FL 33179	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Amelia Calahatian</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	

14006504

