


FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16991 1. Entity Name CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "27" ASSOCIATION, INC.						08 JUN 17 PM 12: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 831 NE 199TH STREET, #104 MIAMI, FL 33179				Mailing Address 621 NW 53RD STREET, STE 300 BOCA RATON, FL 33487					
2. Principal Place of Business - No P.O. Box #				3. Mailing Address 4800 N. State Rd 7					
Suite, Apt. #, etc.				Suite, Apt. #, etc. 105					
City & State				City & State Lauderdale Lakes, FL					
Zip		Country		Zip		Country			
33319		USA		59-2726127		FEI Number			
6. Name and Address of Current Registered Agent RANDALL K RUGER & ASSOCIATES, P.A. 621 NW 53RD STREET, STE 300 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name: Phoenix Management Services, INC. 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>[Signature]</i> <i>Sheldon Goldfarb</i> 6/10/08 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: PD NAME: ABECASSIS, ABE STREET ADDRESS: 923 N.E. 199TH ST., #202 CITY-ST-ZIP: NORTH MIAMI BEACH, FL				TITLE: 700131506 P37 NAME: 06/19/08--01040--003 STREET ADDRESS: **122.50 CITY-ST-ZIP:					
TITLE: VPD NAME: ABECASSIS, INGRID STREET ADDRESS: 923 NE 199TH ST #202 CITY-ST-ZIP: N MIAMI BEACH, FL 33179				TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:					
TITLE: SD NAME: CALAFATIAN, AMELIA <i>Ross, Anthony</i> STREET ADDRESS: 923 NE 199 ST., #204 CITY-ST-ZIP: MIAMI, FL 33179				TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:					
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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 employed.									
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				3/30/08 Date				Daytime Phone #	