

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 JUN 17 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0312003 REINSTATEMENT 07-08^{KS}

DOCUMENT # N16991					
1. Entity Name CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "27" ASSOCIATION, INC.					
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	4. FEI Number 59-2726127	
33319	USA	33319	USA	<input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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				DATE 6/17/08	
SIGNATURE				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 NAME STREET ADDRESS CITY-ST-ZIP	PD ABECASSIS, ABE 923 N.E. 199TH ST., #202 NORTH MIAMI BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700131506137 06/19/08--01040--003 **122.50	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALATHIAN, AMELIA 923 NE 199 ST., #204 MIAMI, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ross, Anthony #102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:				DATE 3/20/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	