

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16991

FILED  
Aug 24, 2009  
Secretary of State

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

**Current Principal Place of Business:**

831 NE 199TH STREET, #104  
MIAMI, FL 33179

**New Principal Place of Business:**

2200 NW 102 AVE, SUITE #5  
DORAL, FL 33172

**Current Mailing Address:**

4800 N. STATE RD. 7, #105  
LAUDERDALE LAKES, FL 33319

**New Mailing Address:**

2200 NW 102 AVE, SUITE #5  
DORAL, FL 33172

**FEI Number:** 59-2726127      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PHOENIX MANAGEMENT SERVICES, INC.  
4800 N. STATE RD. 7, #105  
LAUDERDALE LAKES, FL 33319      US

**Name and Address of New Registered Agent:**

C ARTEAGA  
2200 NW 102 AVE, SUITE #5  
DORAL, FL 33172      US

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.

SIGNATURE: C ARTEAGA

08/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ABECASSIS, ABE  
Address: 923 N.E. 199TH ST., #202  
City-St-Zip: NORTH MIAMI BEACH, FL

Title: VPD ( ) Delete  
Name: ABECASSIS, INGRID  
Address: 923 NE 199TH ST #202  
City-St-Zip: N MIAMI BEACH, FL 33179

Title: SD ( ) Delete  
Name: ROSS, ANTHONY  
Address: 923 NE 199 ST., #102  
City-St-Zip: MIAMI, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DE ARMAS TROWSDALE, REINA  
Address: 2200 NW 102 AVE, SUITE #5  
City-St-Zip: DORAL, FL 33172

Title: VPD (X) Change ( ) Addition  
Name: ABECASSIS, ALAIN  
Address: 2200 NW 102 AVE, SUITE #5  
City-St-Zip: DORAL, FL 33172

Title: T (X) Change ( ) Addition  
Name: PEREZ, NILDA E  
Address: 2200 NW 102 AVE, SUITE #5  
City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RIEINA DE ARMAS TROWSDALE

P

08/24/2009

Electronic Signature of Signing Officer or Director

Date