

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 01, 2009
Secretary of State**

DOCUMENT# N17195

Entity Name: CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "29" ASSOCIATION, INC.

Current Principal Place of Business:

PHOENIX MANAGEMENT
4800 N. STATE ROAD 7 #F105
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

2200 NW 102 AVENUE
#5
DORAL, FL 33172 US

Current Mailing Address:

PHOENIX MANAGEMENT
4800 N. STATE ROAD 7 #F105
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

2200 NW 102 AVENUE
#5
DORAL, FL 33172 US

FEI Number: 59-2725753 **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 ROAD 7 #F105
LAUDERDALE LAKES, FL 33319 US

Name and Address of New Registered Agent:

ARTEAGA, C
2200 NW 102 AVENUE
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

10/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FINCHER, ALICE
Address: 903 NE 199 #106
City-St-Zip: MIAMI, FL 33179

Title: SD () Delete
Name: MORALES, PATRICIA
Address: 903 NE 199TH #201
City-St-Zip: N. MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PATRICIA MORALES

SD

10/01/2009

Electronic Signature of Signing Officer or Director

Date