

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20409

FILED
Feb 22, 2010
Secretary of State

Entity Name: CARMEL PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

%JAKAB MANAGEMENT
666 NE DIXIE HWY.
JENSEN BEACH, FL 43957 US

New Principal Place of Business:

Current Mailing Address:

%JAKAB MANAGEMENT
PO BOX 111
JENSEN BEACH, FL 34958

New Mailing Address:

%JAKAB MANAGEMENT
PO BOX 111
JENSEN BEACH, FL 34958 US

FEI Number: 65-0427862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAKAB, JOSEPH J JR
666 NE DIXIE HWY.
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GALLI, THOMAS
Address: 2980 SW LAUREN WAY
City-St-Zip: PALM CITY, FL 34990 US

Title: D
Name: JONES, JAMES
Address: 3237 S.W. SEABOARD AVE.
City-St-Zip: PALM CITY, FL 34990 US

Title: TD
Name: SQUADRITO, PAMELA
Address: 3176 SW ALEXANDER CT.
City-St-Zip: PALM CITY, FL 34990 US

Title: D
Name: THOMPSON, GREGORY
Address: 3166 SW SEABOARD AVE
City-St-Zip: PALM CITY, FL 34990 US

Title: VPD
Name: YOST, SUSAN
Address: 3212 SW ALEXANDER CT.
City-St-Zip: PALM CITY, FL 34990 US

Title: SD
Name: SCHAFFER, MICHELLE
Address: 2926 SW LAUREN WAY
City-St-Zip: PALM CITY, FL 34990 US

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH J JAKAB

MGR

02/22/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date