

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/

FILED
Jun 09, 2005 8:00 am
Secretary of State

05-02-2005 90560 005 ****61.25

DOCUMENT # N24859			
1. Entity Name CARMEL LAKES CONDOMINIUM NO. 9 ASSOCIATION, INC.			
Principal Place of Business C/O LANDMARK MANAGEMENT SERVICE 12323 S.W. 55TH STREET, STE 1002 COOPER CITY, FL 33330 US		Mailing Address 14275 SW 142 AV MIAMI, FL 33186 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
04262005		Chg-NP	
CR2E037 (10/03)			
4. FEI Number 65-0052662		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EISINGER, DENNIS PHILLIPS, EISENGER, ROSS, PD 4000 RESIDENTIAL CIR HOLLYWOOD, FL 33021		Name: STRALEY OTTO P.A. Street Address (P.O. Box Number is Not Acceptable): 3740 SHERIDAN STREET SUITE 109 ATTN: CHARLIE OTTO, ESQ City: HOLLYWOOD FL Zip Code: 33021	
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: 5/27/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when releasing)			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: MALONEY, JENNIFER G.LI STREET ADDRESS: 20761 NE 4TH PL #107 CITY-ST-ZIP: MIAMI, FL 33179	☐ Delete	TITLE: PD NAME: Jennifer Maloney-Gili STREET ADDRESS: 20761 NE 4th Place #107 CITY-ST-ZIP: MIAMI, FL 33179-1862	☒ Change ☐ Addition
TITLE: SD NAME: BROOKS, BARBARA STREET ADDRESS: 20761 NE 4 PL #207 CITY-ST-ZIP: MIAMI, FL 33179	☐ Delete	TITLE: SD NAME: Barbara Brooks STREET ADDRESS: 20761 NE 4th Place, #207 CITY-ST-ZIP: MIAMI, FL 33179-1862	☒ Change ☐ Addition
TITLE: TD NAME: JAYNA, SIMPLICIO STREET ADDRESS: 20761 NE 4 PL #102 CITY-ST-ZIP: MIAMI, FL 33179	☐ Delete	TITLE: TD NAME: Simplicio Jayma STREET ADDRESS: 20761 NE 4th Place, #102 CITY-ST-ZIP: MIAMI, FL 33179-1862	☒ Change ☐ Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/20/05 Daytime Phone: _____	

66022390

