



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90319 035 \*\*\*\*61.25

<b>DOCUMENT # N24859</b> 1. Entity Name <b>CARMEL LAKES CONDOMINIUM NO. 9 ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O LANDMARK MANAGEMENT SERVICE 12323 S.W. 55TH STREET, STE 1002 COOPER CITY, FL 33330 US</b>			Mailing Address <b>C/O LANDMARK MANAGEMENT SERVICE 12323 S.W. 55TH STREET, STE 1002 COOPER CITY, FL 33330 US</b>		
2. Principal Place of Business <b>Landmark Management</b> Suite, Apt. #, etc. <b>1941 NW 150 Ave</b> City & State <b>Pembroke Pines FL</b> Zip <b>33026</b> Country <b>USA</b>		3. Mailing Address <b>Landmark Management</b> Suite, Apt. #, etc. <b>1941 NW 150 Ave</b> City & State <b>Pembroke Pines FL</b> Zip <b>33026</b> Country <b>USA</b>			
02202006 Chg-NP CR2E037 (11/05)				4. FEI Number <b>65-0052662</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STRALEY &amp; OTTO P.A. 3990 SHERIDAN STREET, SUITE 109 ATTN: CHARLIE OTTO, ESQ HOLLYWOOD, FL 33021</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 <u><i>Charles Otto Esq</i></u> DATE <u><i>4/6/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALONEY, JENNIFER G.LI 20761 NE 4TH PL #107 MIAMI, FL 33179	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROOKS, BARBARA 20761 NE 4TH PLACE, #207 MIAMI, FL 33179	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMPLICIO, JAYMA 20761 NE 4 PL #102 MIAMI, FL 33179	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Kandy Sampaio</i></u> DATE: <u><i>3/29/06</i></u> <small>SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>					