
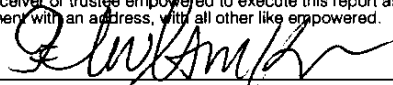


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90182 014 \*\*\*\*61.25

<b>DOCUMENT # N24859</b> 1. Entity Name <b>CARMEL LAKES CONDOMINIUM NO. 9 ASSOCIATION, INC.</b>					
Principal Place of Business <b>LANDMARK MANAGEMENT</b> <b>1941 NW 150 AVE</b> <b>PEMBROKE PINES, FL 33028 US</b>			Mailing Address <b>LANDMARK MANAGEMENT</b> <b>1941 NW 150 AVE</b> <b>PEMBROKE PINES, FL 33028 US</b>		
2. Principal Place of Business - No P.O. Box # <b>PHOENIX MANAGEMENT SERV</b>		3. Mailing Address <b>PHOENIX MANAGEMENT SERV.</b>			
Suite, Apt. #, etc. <b>4800 N. STATE RD. 7 SUITE 105</b>		Suite, Apt. #, etc. <b>4800 N. STATE RD. 7 SUITE 105</b>			
City & State <b>LAUDERDALE LAKES</b>		City & State <b>LAUDERDALE LAKES</b>		4. FEI Number <b>65-0052662</b>	
Zip <b>33319 FL</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>STRALEY &amp; OTTO, P.A.</b> <b>2699 STIRLING ROAD</b> <b>SUITE C-207</b> <b>FT. LAUDERDALE, FL 33312</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MOLONEY, JENIFER GILI</b> <b>20761 NE 4TH PL #107</b> <b>MIAMI, FL 33179</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>BROOKS, BARBARA</b> <b>20761 NE 4TH PLACE, #207</b> <b>MIAMI, FL 33179</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>SIMPLICIO, JAYMA</b> <b>20761 NE 4 PL #102</b> <b>MIAMI, FL 33179</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>4/28/08</b> Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					