

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24860

FILED  
Mar 04, 2009  
Secretary of State

**Entity Name:** CARMEL LAKES CONDOMINIUM NO. 10 ASSOCIATION, INC.

**Current Principal Place of Business:**

PHOENIX MANAGEMENT SERVICES  
4800 N. STATE RD. 7 SUITE 105  
FORT LAUDERDALE, FL 33319 US

**New Principal Place of Business:**

**Current Mailing Address:**

PHOENIX MANAGEMENT SERVICES  
4800 N. STATE RD. 7 SUITE 105  
FORT LAUDERDALE, FL 33319 US

**New Mailing Address:**

**FEI Number:** 65-0052655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STRALEY & OTTO, P.A.  
2699 STIRLING ROAD, STE C-207  
FORT LAUDERDALE, FL 33312 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 ( ) Delete  
Name: CSONKA, FLORE  
Address: 20730 NE 4 PLACE #104  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: TD ( ) Delete  
Name: ADKINSON, MANDY  
Address: 20730 NE 4 PLACE #202  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: SD ( ) Delete  
Name: NAHOUM, VALLERIE  
Address: 30730 NE 4 PL #205  
City-St-Zip: N. MIAMI BEACH, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: FORE CSONKA

PD

03/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date