


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-10-2006 90328 045 ****61.25

DOCUMENT # N43169 1. Entity Name CARMEL LAKES CONDOMINIUM NO. 2 ASSOCIATION, INC.					
Principal Place of Business LANDMARK MANAGEMENT SERVICES 12323 S.W. 55TH ST, BLDG 1000, STE 1002 COOPER CITY, FL 33330 US				Mailing Address LANDMARK MANAGEMENT SERVICES 12323 S.W. 55TH ST, BLDG 1000, STE 1002 COOPER CITY, FL 33330 US	
2. Principal Place of Business <i>Landmark Management Services</i> Suite, Apt. #, etc. 1941 NW 150 Ave City & State Pembroke Pines, FL Zip 33028 Country USA		3. Mailing Address <i>Landmark Management Services</i> Suite, Apt. #, etc. 1941 NW 150 Ave City & State Pembroke Pines FL Zip 33028 Country USA		02202006 Chg-NP CR2E037 (11/05) 4. FEI Number 65-0287852 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent STRALEY OTTO, P.A. ATTN: CHARLIE OTTO 3990 SHERIDAN STREET, SUITE #109 HOLLYWOOD, FL 33021	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: <i>Charles Otto, Esq</i> DATE: <i>4/10/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	SD SHERMAN, RONALD 451 NE 207 LANE #103 MIAMI, FL 33179	<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	PD JACKSON, DAVID 451 NE 207 LN #203 MIAMI, FL 33179	<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 WILLIAMS, ROSETTA 451 NE 207 LANE #102 MIAMI, FL 33179	<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	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	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.					
SIGNATURE: <i>Randy Sena</i> DATE: <i>3/29/06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					