

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 741597</b> 1. Entity Name <b>PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION NO. 9, INC.</b>					
Principal Place of Business <b>3500 GATEWAY DRIVE # 202 POMPANO BEACH FL 33069</b>		Mailing Address <b>3500 GATEWAY DRIVE # 202 POMPANO BEACH FL 33069</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State		4. FEI Number <b>59-1823918</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ISAACS, MALCOLM 3500 GATEWAY DRIVEWAY SUITE 202 POMPANO BEACH FL 33069</b>			Name Street Address (P.O. Box Number is Not Acceptable) City State: <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 <i>Malcolm Isaacs</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <b>4-14-2006</b>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<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	<b>D SHENKER, HAROLD 3500 GATEWAY DR. #202 POMPANO BEACH FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Stamp: <b>00000521016 05/02/06-80116-019 61.25</b> )	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CORWIN, IRVING 3500 GATEWAY DRIVE #202 POMPANO BEACH FL 33069</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ISAACS, MALCOLM 3500 GATEWAY DR #202 POMPANO BEACH FL 33069</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LOCKMAN, NED 804 CYPRESS BLVD # 308 POMPANO BEACH FL 33069</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT DILDINE, J W 806 CYPRESS BLVD # 402 POMPANO BEACH FL 33069</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WOOD, REGINA L 821 CYPRESS BLVD, # 507 POMPANO BEACH FL 33069</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 1D or Block 1 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>M. Isaacs</i>		DATE: <b>4/3/06</b>		PHONE: <b>954-968-4481</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	