


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90016 038 ****61.25

DOCUMENT # 741597

1. Entity Name
PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION NO. 9, INC.



Principal Place of Business Mailing Address

3500 GATEWAY DRIVE # 202 **3500 GATEWAY DRIVE # 202**
POMPANO BEACH, FL 33069 **POMPANO BEACH, FL 33069**

40056537 DG



DO NOT WRITE IN THIS SPACE

01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1823918	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ISAACS, MALCOLM
3500 GATEWAY DRIVEWAY
SUITE 202
POMPANO BEACH, FL 33069

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSEN, IRLOIN 3500 GATEWAY DR. #202 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GORWIN, IRVING <i>Mike</i> 3500 GATEWAY DRIVE #202 POMPANO BEACH, FL 33069 <i>Michael Golin</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISAACS, MALCOLM 3500 GATEWAY DR #202 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKMAN, NED 804 CYPRESS BLVD # 308 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILDINE, J W 806 CYPRESS BLVD # 402 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RITTER, ALFRED 3500 GATEWAY DR #202 POMPANO BEACH, FL 33069

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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: *M. Isaacs* **MALCOLM ISAACS** *3/17/2008* *954-468-448*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone