

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741597

FILED  
Jan 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3500 GATEWAY DRIVE # 202  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

3500 GATEWAY DRIVE # 202  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** 59-1823918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ISAACS, MALCOLM  
3500 GATEWAY DRIVEWAY  
SUITE 202  
POMPANO BEACH, FL 33069 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: VP ( ) Delete  
Name: ROSEN, IRLOIN  
Address: 3500 GATEWAY DR. #202  
City-St-Zip: POMPANO BEACH, FL 33069

Title: T ( ) Delete  
Name: GOLIN, MIKE  
Address: 3500 GATEWAY DRIVE #202  
City-St-Zip: POMPANO BEACH, FL 33069

Title: PD ( ) Delete  
Name: ISAACS, MALCOLM  
Address: 3500 GATEWAY DR #202  
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete  
Name: LOCKMAN, NED  
Address: 804 CYPRESS BLVD # 308  
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete  
Name: DILDINE, J W  
Address: 806 CYPRESS BLVD # 402  
City-St-Zip: POMPANO BEACH, FL 33069

Title: S ( ) Delete  
Name: RITTER, ALFRED  
Address: 3500 GATEWAY DR #202  
City-St-Zip: POMPANO BEACH, FL 33069

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

Title: VP (X) Change ( ) Addition  
Name: ROSEN, IRWIN  
Address: 3500 GATEWAY DR. #202  
City-St-Zip: POMPANO BEACH, FL 33069

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

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

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: MALCOLM ISAACS

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date