

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90058 042 ****61.25

DOCUMENT # N23195

1. Entity Name
**MISTY OAKS AT PALM-AIRE HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**% EXCLUSIVE PROPERTY MGMT CO.
1280 S.W. 36TH AVE., STE 301
POMPANO BEACH, FL 33069**

Mailing Address
**% EXCLUSIVE PROPERTY MGMT CO.
1280 S.W. 36TH AVE., STE 301
POMPANO BEACH, FL 33069**

94023103



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0056647

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312-6525**

7. Name and Address of New Registered Agent
Name **EXCLUSIVE PROPERTY MGMT. INC**

Street Address (P.O. Box Number is Not Acceptable)
1280 S. W. 36TH AVE #301

City **POMPANO BEACH** FL Zip Code **33069**

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

Christine Ryan, Pres.

2-25-04

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **AARONIAN, ROBERT**
STREET ADDRESS **524 MISTY OAKS DR.**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE **VPD** ☐ Delete
NAME **FROMKIN, SID**
STREET ADDRESS **526 MISTY OAKS DR**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE **D** ☐ Delete
NAME **BEGIN, BERNARD**
STREET ADDRESS **515 MISTY OAKS DR.**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE **TD** ☒ Delete
NAME **BOREK, LYDIA**
STREET ADDRESS **1280 S. POWERLINE RD. #5**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE **SD** ☐ Delete
NAME **AARONIAN, SHARRA**
STREET ADDRESS **524 MISTY OAKS DR.**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME **BOREK, LYDIA**
STREET ADDRESS **1280 S. POWERLINE RD #5**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Rob Aaronian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-04

Date

954 969-1330

Daytime Phone #