2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 28, 2008 8:00 am Secretary of State

03-28-2008 90024 004 ****61.25

חממו	「#N23195」	
1 11 11 11	4147.5195	

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

Mailing Address

% EXCLUSIVE PROPERTY MGMT CO. 1280 S.W. 36TH AVE., STE 301

POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069									OUN ENEM AND ENEM	 			
Principal Place of Business - No P.O. Box # Mailing Address													
Suite, Apt. #, etc. Suite. Apt. #, etc.						03192008 Chg-NP CR2E037 (12/06)							
City & State City & State					4. FEI Number Applied For 65-0056647 Not Applicable								
Zip		Country		ip Country				5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address o	Current Regist	ered Agent		7. Name and Address of New Registered Agent							
EVOLUCINE DEODERED MONTHING					Name								
EXCLUSIVE PROPERTY MGMT., INC. 1280 SW 36TH AVE. #301 POMPANO BEACH, FL 33069					Street Address (P.O. Box Number is Not Acceptable)								
					-	City					FL	Zip Code	i
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 .						•							
	Signature, typed	or printed name of reg	istered agent and tille if	applicable. (NOTE:	Registered	Agent signat	ture required	when reinstaling)	,		DATE		
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign F Trust Fund Contribut							\$5.00 Ma Added to Fe		F	Make check orlda Depart			
10.		OFFICER	S AND DIRECTO	RS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE	PD			☐ Delete	TITLE							☐ Change	☐ Addition
NAME		N, ROBERT			NAME								ļ
STREET ADDRESS CITY-ST-ZIP		Y OAKS DR. D BEACH, FL	33069		STREE CITY-	T ADDRESS ST-ZIP							
TITLE	D			☐ Delete	TITLE							☐ Change	Addition
NAME	SEHELL, I				NAME								
STREET ADDRESS		OAKS LN			•	T ADDRESS	ŀ						
CITY-ST-ZIP		D BEACH, FL	33069		CITY-	ST-ZIP							
TITLE	TD	VDIA		🔼 Delete	TITLE		TD.	iĒR, 1 Misty	ouit	ai		Change	Addition .
NAME	BOREK, L		. #E		NAME		COLL	1667	I MA	es ne			Ì
STREET ADDRESS CITY-ST-ZIP		OWERLINE RI D BEACH, FL			CITY-	T ADDRESS	511	MISTY			2526		
		J DEACH, I'L	33009		-	31-21	POME	ANO 6	ЕКН	176	33069		
TITLE NAME	SD	N, SHARRA		☐ Delete	TITLE							☐ Change	☐ Addition
STREET ADDRESS		OAKS DR				T ADDRESS							
CITY-ST-ZIP		D BEACH, FL	33069			ST-ZIP							
TITLE	D			■ Delete	TITLE		D					☐ Change	Addition
NAME	COLLIER,	PHILLIP		_ 05.0.0	NAME		8oM	MARITO	, SA	LUADO	٤		
STREET ADDRESS	511 MIST	Y OAKS LN			STREE	T ADDRESS	526	MARITO MISTY	OAK	es or	•		
CITY-ST-ZIP	POMPAN	D BEACH, FL	33069		CITY	ST-ZIP	Pom	PANO	BEAC	CH, FL	. 3306	9	
TITLE	VPD			☐ Delete	TITLE							☐ Change	Addition
NAME .	RIDDICK,				NAME								
STREET ADORESS		Y OAKS LN				T ADDRESS							
CITY-ST-ZIP	POMPAN	O BEACH, FL	33069		CITY-	ST-ZIP	<u> </u>						

12. I hereby certify that the information supplied with this filling 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: