

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741597

FILED
Mar 22, 2016
Secretary of State
CC3564758049

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

Current Principal Place of Business:

CAMPBELL PROPERTY MANAGEMENT
3500 GATEWAY DRIVE SUITE202
POMPANO BEACH, FL 33069

Current Mailing Address:

CAMPBELL PROPERTY MANAGEMENT
3500 GATEWAY DRIVE SUITE202
POMPANO BEACH, FL 33069 US

FEI Number: 59-1823918

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPBELL PROPERTY MANAGEMENT
CAMPBELL PROPERTY MANAGEMENT
3500 GATEWAY DRIVE SUITE202
POMPANO BEACH, FL 33069 US

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: IRWIN ROSEN

03/22/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ROSEN, IRWIN
Address CAMPBELL PROPERTY
 MANAGEMENT
 3500 GATEWAY DRIVE SUITE202
City-State-Zip: POMPANO BEACH FL 33069

Title VP
Name MOSS, BARRY
Address CAMPBELL PROPERTY
 MANAGEMENT
 3500 GATEWAY DRIVE SUITE202
City-State-Zip: POMPANO BEACH FL 33069

Title TREASURER
Name SABANOSH, KEN
Address CAMPBELL PROPERTY
 MANAGEMENT
 3500 GATEWAY DRIVE SUITE202
City-State-Zip: POMPANO BEACH FL 33069

Title SECRETARY
Name CORSO, DAVID
Address CAMPBELL PROPERTY
 MANAGEMENT
 3500 GATEWAY DRIVE SUITE202
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR
Name ZUCKERMAN, STEWART
Address CAMPBELL PROPERTY
 MANAGEMENT
 3500 GATEWAY DRIVE SUITE202
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR
Name RITTER, AL
Address CAMPBELL PROPERTY
 MANAGEMENT
 3500 GATEWAY DRIVE SUITE202
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR
Name FISHMAN, ROBERTA
Address CAMPBELL PROPERTY
 MANAGEMENT
 3500 GATEWAY DRIVE SUITE202
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR
Name IDE, CHRISTOPHER
Address CAMPBELL PROPERTY
 MANAGEMENT
 3500 GATEWAY DRIVE SUITE202
City-State-Zip: POMPANO BEACH FL 33069

I hereby 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 all other like empowered.

SIGNATURE: IRWIN ROSEN

PRESIDENT

03/22/2016

