

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741597

**FILED
Mar 11, 2021
Secretary of State
6442688295CC**

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

Current Principal Place of Business:

CAMPBELL PROPERTY MANAGEMENT
3500 GATEWAY DRIVE SUITE 202
POMPANO BEACH, FL 33069

Current Mailing Address:

CAMPBELL PROPERTY MANAGEMENT
3500 GATEWAY DRIVE SUITE 202
POMPANO BEACH, FL 33069 US

FEI Number: 59-1823918

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
1 EAST BROWARD BOULEVARD
SUITE 1800
FT. LAUDERDALE, FL 33301 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: BECKER & POLIAKOFF

03/11/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ROSEN, IRWIN
Address CAMPBELL PROPERTY
 MANAGEMENT
 3500 GATEWAY DRIVE SUITE 202
City-State-Zip: POMPANO BEACH FL 33069

Title VP
Name MOSS, BARRY
Address CAMPBELL PROPERTY
 MANAGEMENT
 3500 GATEWAY DRIVE SUITE 202
City-State-Zip: POMPANO BEACH FL 33069

Title TREASURER
Name SABANOSH, KEN
Address CAMPBELL PROPERTY
 MANAGEMENT
 3500 GATEWAY DRIVE SUITE 202
City-State-Zip: POMPANO BEACH FL 33069

Title SECRETARY
Name FISHMAN, ROBERTA
Address CAMPBELL PROPERTY
 MANAGEMENT
 3500 GATEWAY DRIVE SUITE 202
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR
Name KEMBER, MERCEDES
Address CAMPBELL PROPERTY
 MANAGEMENT
 3500 GATEWAY DRIVE SUITE 202
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR
Name KINNEY, MICHAEL
Address CAMPBELL PROPERTY
 MANAGEMENT
 3500 GATEWAY DRIVE SUITE 202
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR
Name MARSHALL, DENNIS
Address CAMPBELL PROPERTY
 MANAGEMENT
 3500 GATEWAY DRIVE SUITE 202
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR
Name BARRETT, CHARLES
Address CAMPBELL PROPERTY
 MANAGEMENT
 3500 GATEWAY DRIVE SUITE 202
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

03/11/2021

