

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718637

FILED  
Mar 06, 2009  
Secretary of State

**Entity Name:** PALM-AIRE AT CORAL KEY APTS. CONDOMINIUM, INC.

**Current Principal Place of Business:**

3005 NE 48TH CT  
LIGHTHOUSE POINT, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

3005 NE 48TH CT  
LIGHTHOUSE POINT, FL 33064

**New Mailing Address:**

**FEI Number:** 59-1387202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACKLEAN, MARILYN  
3005 NE 48 CT  
LIGHTHOUSE, FL 33064 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: PD ( ) Delete  
Name: RUDOLPH, JANIS  
Address: 3100 NE 48TH CT #414  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: 1VPD ( ) Delete  
Name: STEWARD, HAROLD  
Address: 3000 NE 48TH CT #304  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: 2VPD ( ) Delete  
Name: BOBONICK, CAROL  
Address: 3180 NE 48TH CT #110  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: TD ( ) Delete  
Name: WILLIAMS, DAVID  
Address: 3180 NE 48TH CT #303  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: SD ( ) Delete  
Name: JOHNS, TRACEY  
Address: 3000 NE 48TH CT #204  
City-St-Zip: LIGHTHOUSE PT, FL 33064

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

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: RUDOLPH JANIS

PD

03/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date