## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2008 8:00 am Secretary of State

Spinish   Spin	DOCUMENT # 732921  1. Entity Name PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION NO. 6, INC.				03-03-2008 90204 033 ****61.25	
Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  A FEI Number 59-1641521	1280 SW 36TH AVENUE 128 SUITE 301 SUIT		1280 SW 36TH # Suite 301			
City & State  Country  Country  City  Cit	2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address		1003   10000          010   010   450         101   411   4	
Sp-1641521   Sp-16plics   Sp-1641521   Sp-16plics   Sp-	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02262008 Chg-NP CR2E037 (12/06)	
8. Cerificate of Status Desired   For Required   Fo	City & State		City & State			
RYAN, TINA EXCLUSIVE PROPERTY MGMT, INC 1280 SW 36 AVE #301 POMPANO BEACH, FL 33069  City  FL Zip Code  Ficial Department with, and ecclivation in the State of Florida. I am familiar with, and ecclivation in the State of Florida. I am familiar with, and ecclivation in the State of Florida. I am familiar with, and ecclivation in the State of Florida. I am familiar with, and ecclivation in the State of Florida  City  FL Zip Code  Ficial Department of Visite of Florida  City  Florida Department of Visite of Florida  Florida Department of Visite of Florida  City  Florida Department of Visite of Florida  Florida Department of Visite of Florida  City  Florida Department of Visite of Florida  City  Florida Department of Visite of Florida  Florida Depa	Zip	Country	Zip	Country		
RYAN, TINA EXCLUSIVE PROPERTY MOMT, INC  1280 SW 36 AVE #301  POMPANO BEACH, FL 33069  City FL Zip Code  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 accident the obligations of registered agent.  SIGNATURE    Signature, howed or provide registered agent.   Date		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent.  SIGNATURE  Signature, howed or printed name of registered agent and the if applicable.  Filling Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  DATE  Filling Fee is \$61.25  Due by May 1, 2008  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ADDIT	EXCLÚSIVE PROPERTY MGMT, INC 1280 SW 36 AVE #301					
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 accidente the obligations of registered agent.  SIGNATURE    Signature, hyard or printed name of registered agent and life if applicable.   MOTE Represent Agent experited required when remaining and product required agent.				City	FI Zip Code	
Trust Fund Contribution. Added to Fees Fiorida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE PARONSON, JOEL STREET ADDRESS 3930 OAKS CLUBHOUSE DR # 203  CITY-ST-2IP POMPANO BEACH, FL 33069  TITLE STREET ADDRESS 3900 OAKS CLUBHOUSE DR # 203  CITY-ST-2IP POMPANO BEACH, FL 33069  TITLE V STREET ADDRESS 3900 OAKS CLUBHOUSE DR # 304  CITY-ST-2IP POMPANO BEACH, FL 33069  TITLE V STREET ADDRESS 3850 OAKS CLUBHOUSE DR # 304  CITY-ST-2IP POMPANO BEACH, FL 33069  TITLE T STREET ADDRESS 3850 OAKS CLUBHOUSE DR # 304  CITY-ST-2IP POMPANO BEACH, FL 33069  TITLE T STREET ADDRESS 3930 OAKS CLUBHOUSE DR # 304  CITY-ST-2IP POMPANO BEACH, FL 33069  TITLE T STREET ADDRESS 3930 OAKS CLUBHOUSE DR # 304  CITY-ST-2IP POMPANO BEACH, FL 33069  TITLE T STREET ADDRESS 3930 OAKS CLUBHOUSE DR # 504  CITY-ST-2IP POMPANO BEACH, FL 33069  TITLE T STREET ADDRESS 3930 OAKS CLUBHOUSE DR # 504  CITY-ST-2IP POMPANO BEACH, FL 33069  TITLE T STREET ADDRESS 3930 OAKS CLUBHOUSE DR # 504  CITY-ST-2IP POMPANO BEACH, FL 33069  TITLE T STREET ADDRESS 3930 OAKS CLUBHOUSE DR # 3735  CITY-ST-2IP POMPANO BEACH, FL 33069  TITLE D STREET ADDRESS 3735 OAKS CLUBHOUSE DR # 3735  CITY-ST-2IP POMPANO BEACH, FL 33069  TITLE T STREET ADDRESS 3735 OAKS CLUBHOUSE DR # 3735  CITY-ST-2IP POMPANO BEACH, FL 33069  TITLE D STREET ADDRESS 3735 OAKS CLUBHOUSE DR # 3735  CITY-ST-2IP POMPANO BEACH, FL 33069  TITLE D STREET ADDRESS 3735 OAKS CLUBHOUSE DR # 3735  CITY-ST-2IP POMPANO BEACH, FL 33069  TITLE D STREET ADDRESS 3735 OAKS CLUBHOUSE DR # 3735  CITY-ST-2IP POMPANO BEACH, FL 33069  TITLE D STREET ADDRESS 3735 OAKS CLUBHOUSE DR # 3735  CITY-ST-2IP POMPANO BEACH, FL 33069  TITLE D STREET ADDRESS 3735 OAKS CLUBHOUSE DR # 3735  CITY-ST-2IP POMPANO BEACH, FL 33069  TITLE D STREET ADDRESS 3735 OAKS CLUBHOUSE DR # 3735  CITY-ST-2IP POMPANO BEACH, FL 33069  TITLE D STREET ADDRESS 3735 OAKS CLUBHOUSE DR # 3735  CITY-ST-2IP POMPANO BEACH, FL 33069  TITLE D STREET ADDRESS 3735 OAKS CLUBHOUSE DR # 3735  CITY-ST-2IP POMPANO	the obligat	tions of registered agent.  Signature, typed or printed name of registered egen	il and title if applicable.	(NOTE: Registered Agent sign	ature required when rainstating) DATE	
TITLE NAME STREET ADDRESS STREET ADR		<u> </u>				
ARONSON, JOEL STREET ADDRESS 3930 OAKS CLUBHOUSE DR # 203 POMPANO BEACH, FL 33069  TITLE SIREET ADDRESS STREET	10,					
TITLE  MAME  NORTH, ARTHUR  STREET ADDRESS  ST	NAME STREET ADDRESS	ARONSON, JOEL 3930 OAKS CLUBHOUSE DR #	,	NAME STREET ADDRESS	ARONSON, JOEL 3930 DAKS CLUBHOUSEDR #203	
SPIEGELMAN; STEVE STREET ADDRESS 3850 OAKS CLUBHOUSE DR # 304 POMPANO BEACH, FL 33069  TITLE NAME BRAUN, ROBERT STREET ADDRESS 3930 OAKS CLUBHOUSE DR # 504 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33069  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33069  TITLE D LEPAGE, MARY STREET ADDRESS 3735 OAKS CLUBHOUSE DR # 3735 CITY-ST-ZIP POMPANO BEACH, FL 33069  TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME COPPOLLA, PATRICIA STREET ADDRESS 3800 OAKS CLUBHOUSE DR #303  STREET ADDRESS STREE	NAME STREET ADDRESS	NORTH, ARTHUR 3900 OAKS CLUBHOUSE DR #	,	NAME STREET ADDRESS	D NOCTH, ARTHUR 3900 OAKS CLUBHOUSE DR #102	
TITLE  NAME  BRAUN, ROBERT  STREET ADDRESS  GITY-ST-ZIP  POMPANO BEACH, FL 33069  TITLE  NAME  STREET ADDRESS  GITY-ST-ZIP  POMPANO BEACH, FL 33069  TITLE  NAME  LEPAGE, MARY  STREET ADDRESS  GITY-ST-ZIP  POMPANO BEACH, FL 33069  TITLE  NAME  LEPAGE, MARY  STREET ADDRESS  GITY-ST-ZIP  POMPANO BEACH, FL 33069  TITLE  NAME  STREET ADDRESS  GITY-ST-ZIP  POMPANO BEACH, FL 33069  TITLE  NAME  STREET ADDRESS  GITY-ST-ZIP  TITLE  COPPOLLA, PATRICIA  STREET ADDRESS		) ·	<b>∑</b> Dele		PJ Change Addition	
NAME LEPAGE, MARY  STREET ADDRESS  3735 OAKS CLUBHOUSE DR # 3735  CITY-ST-ZIP  TITLE  D  COPPOLLA, PATRICIA  STREET ADDRESS  3800 OAKS CLUBHOUSE DR #303  STREET ADDRESS		3850 OAKS CLUBHOUSE DR #	304	STREET ADDRESS	3850 OAKS CLUBHOUSE DR#304	
NAME COPPOLLA, PATRICIA  STREET ADDRESS  COPPOLA, PATRICIA  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	3850 OAKS CLUBHOUSE DR # POMPANO BEACH, FL 33069 T BRAUN, ROBERT 3930 OAKS CLUBHOUSE DR #	T KDele	STREET ADDRESS CITY-ST-ZIP  IB TITLE NAME STREET ADDRESS	SPIEGELMAN, SIEVEN  3850 OAKS CLUBHOUSE DR#304  POMPAND BEACH, FL 33069  VPD	
12. Thereby 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	CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	3850 OAKS CLUBHOUSE DR # POMPANO BEACH, FL 33069  T BRAUN, ROBERT 3930 OAKS CLUBHOUSE DR # POMPANO BEACH, FL 33069  D LEPAGE, MARY 3735 OAKS CLUBHOUSE DR #	# 504 # 504	STREET ADDRESS CITY-ST-ZIP  IB TITLE NAME STREET ADDRESS CITY-ST-ZIP  IB TITLE NAME STREET ADDRESS STREET ADDRESS	SPIEGELMAN, SIEVEN  3850 OAKS CLUBHOUSE DR#304  POMPAND BEACH, FL 33069  VPD	

indicated on this report or supplementare poor is true and accurate and that my signature shall have the same legal effect as if made under oalt; that I am an afficer or of the corporation or the receiver of the tempowered 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 in address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #