

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-03-2008 90204 033 \*\*\*\*61.25

<b>DOCUMENT # 732921</b> 1. Entity Name <b>PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION NO. 6, INC.</b>					
Principal Place of Business <b>1280 SW 36TH AVENUE SUITE 301 POMPAÑO BEACH, FL 33069 US</b>			Mailing Address <b>1280 SW 36TH AVENUE SUITE 301 POMPAÑO BEACH, FL 33069 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1641521</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>RYAN, TINA EXCLUSIVE PROPERTY MGMT, INC 1280 SW 36 AVE #301 POMPAÑO BEACH, FL 33069</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ARONSON, JOEL</b> <b>3930 OAKS CLUBHOUSE DR # 203</b> <b>POMPAÑO BEACH, FL 33069</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ARONSON, JOEL</b> <b>3930 OAKS CLUBHOUSE DR #203</b> <b>POMPAÑO BEACH, FL 33069</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>NORTH, ARTHUR</b> <b>3900 OAKS CLUBHOUSE DR #102</b> <b>POMPAÑO BEACH, FL 33069</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>NORTH, ARTHUR</b> <b>3900 OAKS CLUBHOUSE DR #102</b> <b>POMPAÑO BEACH, FL 33069</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>SPIEGELMAN, STEVE</b> <b>3850 OAKS CLUBHOUSE DR # 304</b> <b>POMPAÑO BEACH, FL 33069</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SPIEGELMAN, STEVEN</b> <b>3850 OAKS CLUBHOUSE DR #304</b> <b>POMPAÑO BEACH, FL 33069</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>BRAUN, ROBERT</b> <b>3930 OAKS CLUBHOUSE DR # 504</b> <b>POMPAÑO BEACH, FL 33069</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>PERRO, KENNETH</b> <b>3960 OAKS CLUBHOUSE DR #501</b> <b>POMPAÑO BEACH, FL 33069</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LEPAGE, MARY</b> <b>3735 OAKS CLUBHOUSE DR # 3735</b> <b>POMPAÑO BEACH, FL 33069</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>LEPAGE, MARY</b> <b>3735 OAKS CLUBHOUSE DR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>COPPOLLA, PATRICIA</b> <b>3800 OAKS CLUBHOUSE DR #303</b> <b>POMPAÑO BEACH, FL 33069</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>COPPOLLA, PATRICIA</b> <b>3800 OAKS CLUBHOUSE DR #303</b> <b>POMPAÑO BEACH, FL 33069</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplement 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2/24/08</b> Daytime Phone #		