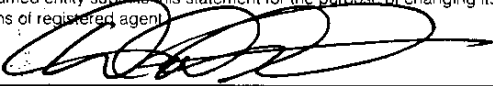
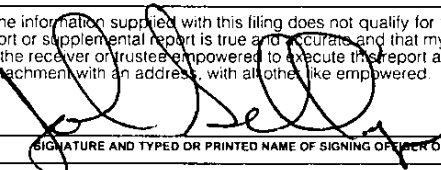


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90035 023 ****61.25

DOCUMENT # N04000003425 1. Entity Name PASTELLE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 4 HARVARD CIRCLE, STE. 950 WEST PALM BEACH, FL 33409			Mailing Address 4 HARVARD CIRCLE, STE. 950 WEST PALM BEACH, FL 33409		
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	01162007 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-5185889				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELCH, MARK 4 HARVARD CIRCLE, STE. 950 WEST PALM BEACH, FL 33409			7. Name and Address of New Registered Agent Name Lederman, David Street Address (P.O. Box Number is Not Acceptable) 4 Harvard Circle Ste. 950 City West Palm Beach FL 33409		
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  Signature, typed or printed name of registered agent and title if applicable			DATE 1/16/07 (NOTE: Registered Agent signature required when re-registering)		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELCH, MARK ☐ Delete 4 HARVARD CIRCLE, STE. 950 WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lederman, David ☐ Change ☐ Addition 4 Harvard Circle, Ste 950 West Palm Beach, FL 33409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEDERMAN, DAVID ☐ Delete 4 HARVARD CIRCLE, STE. 950 WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Sellinger, John ☐ Change ☐ Addition 4 Harvard Circle, Ste 950 West Palm Beach, FL 33409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STUART, DAVID ☐ Delete 4 HARVARD CIRCLE, STE. 950 WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 supplemental 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, the receiver or trustee empowered to execute the 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.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 1/16/07 Daytime Phone #		