2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 22, 2008 8:00 am Secretary of State

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DOCUMENT # N0400003425 1. Entity Name PASTELLE PROPERTY OWNERS ASSOCIATION, INC.						00005 048 ****6	
4 HARVARD	e of Business CIRCLE, STE. 950 BEACH, FL 33409	Mailing Address 4 HARVARD CIRCLE, STE. WEST PALM BEACH, FL			600452		1911 8) 81 (F9 1
<u>C10</u>	Place of Business - No P.Ö. Box #	3. Mailing Address	ns.				
Suite, Apt.	NE 3rd Street	Suite, Apt. #, atc. 2	rd Stro	04232008 4. FEI Number	Chg-NP	CR2E037 (12/06)	pplied For
13010	ten beach	Bounton	Beach	20-518		No	ot Applicable
334	35 Country	33435	Country	5. Certificate	of Status Desired	S8.75 Add	ditional
	6. Name and Address of Current R	egistered Agent		7. Name and	Address of New Re	gistered Agent	
LEDERMA			Name	CAM	S		
	RD CIRCLÉ, STE. 950 LM BEACH, FL 33409		Smell Address (P.O. Box Number is Not Acceptable)				
			CKV		0 10	— 7in/ D /	<u> </u>
8. The above	named entity submits this statement for t	the purpose of changing its re		registered agent, or bo	th, in the State of Flori	FL 2033	and accept
the obligat	tions of registered agent.	, .		3 			
SIGNATURE .	Signature, typed or printed name of registered ances an	id title d applicable (NOTE P	Projectored Apped Sympatis	re required when reinstation)		DATE	 -
SIGNATURE .	Signature, typed or printed name of registered agent an		<u>-</u>	re required when reinstating)		DATE	
SIGNATURE .	Signature, typed or printed name of registered agent an Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May 8 Added to Fees	, c	DATE ke check payable to la Department of S	
SIGNATURE .	Filing Fee is \$61.25	9. Election Camp Trust Fund Coi	aign Financing	\$5.00 May 8 Added to Fees	Florid	ke check payable t	tate
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Col	paign Financing ntribution.	\$5.00 May 8 Added to Fees	Florid	ke check payable to la Department of Si	tate
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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 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 an interest.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

111/08 (36)267-43

Daytime Phone #