2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N04000003425

Entity Name: PASTELLE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O CAMBELL PROPERTY MANAGEMENT
3918 VIA POINCIANA DRIVE, SUITE #9
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

C/O CAMBELL PROPERTY MANAGEMENT
3918 VIA POINCIANA DRIVE, SUITE #9
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-5185889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMBELL PROPERTY MANAGEMENT
3918 VIA POINCIANA DRIVE, SUITE #9
LAKE WORTH, FL 33467 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: P ( ) Delete
Name: PEASE, JOE
Address: 1601 FORUM PLACE #805
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T ( ) Delete
Name: VALLER, KEVIN
Address: 1601 FORUM PLACE #805
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: HARALA, SCOTT
Address: 1601 FORUM PLACE #805
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: HARALA, SCOTT
Address: 1601 FORUM PLACE #805
City-St-Zip: WEST PALM BEACH, FL 33401

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: JOSEPH PEASE PRES 03/24/2009

Electronic Signature of Signing Officer or Director — Date