

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90005 023 \*\*\*\*61.25

<b>DOCUMENT # N23195</b> 1. Entity Name <b>MISTY OAKS AT PALM-AIRE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>% EXCLUSIVE PROPERTY MGMT CO. 1280 S.W. 36TH AVE., STE 301 POMPAÑO BEACH, FL 33069</b>			Mailing Address <b>% EXCLUSIVE PROPERTY MGMT CO. 1280 S.W. 36TH AVE., STE 301 POMPAÑO BEACH, FL 33069</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>65-0056647</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			7. Name and Address of New Registered Agent		
<b>EXCLUSIVE PROPERTY MGMT., INC. 1280 SW 36TH AVE. #301 POMPAÑO BEACH, FL 33069</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>AARONIAN, ROBERT</b>		NAME		
STREET ADDRESS	<b>524 MISTY OAKS DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>POMPAÑO BEACH, FL 33069</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BEGIN, BERNARD</b>		NAME	<b>SCHELL, LLOYD</b>	
STREET ADDRESS	<b>515 MISTY OAKS DR.</b>		STREET ADDRESS	<b>604 MISTY OAKS LANE</b>	
CITY-ST-ZIP	<b>POMPAÑO BEACH, FL 33069</b>		CITY-ST-ZIP	<b>POMPAÑO BEACH, FL 33069</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOREK, LYDIA</b>		NAME		
STREET ADDRESS	<b>1280 S POWERLINE RD., #5</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>POMPAÑO BEACH, FL 33069</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>AARONIAN, SHARRA</b>		NAME		
STREET ADDRESS	<b>524 MISTY OAKS DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>POMPAÑO BEACH, FL 33069</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>D. SMITH, LEONARD</b>	
STREET ADDRESS			STREET ADDRESS	<b>511 MISTY OAKS LANE</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>POMPAÑO BEACH, FL 33069</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>VPD RIDDICK, JEANNIE</b>	
STREET ADDRESS			STREET ADDRESS	<b>605 MISTY OAKS LANE</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>POMPAÑO BEACH, FL 33069</b>	
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 empowered.					
<b>SIGNATURE:</b> <i>Robert Aaronian</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2-24-06, 954-920-3009</b> <small>Date Daytime Phone #</small>		