2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State
03-28-2008 90024 004 ****61.25

DOCUMENT # N23195

1. Entity Name
MISTY OAKS AT PALM-AIRE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% EXCLUSIVE PROPERTY MGMT CO. 1280 S.W. 36TH AVE., STE 301 POMPANO BEACH, FL 33069	% EXCLUSIVE PROPERTY MGMT CO. 1280 S.W. 36TH AVE., STE 301 POMPANO BEACH, FL 33069

03192008 Chg-NP CR2E037 (12/06)

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 65-0056647 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EXCLUSIVE PROPERTY MGMT., INC. 1280 SW 36TH AVE. #301 POMPANO BEACH, FL 33069	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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 AARONIAN, ROBERT 524 MISTY OAKS DR. POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEHELL, LLOYD 604 MISTY OAKS LN POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOREK, LYDIA 1280 S POWERLINE RD., #5 POMPANO BEACH, FL 33069	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COLLIER, PHILIP 511 MISTY OAKS DR. POMPANO BEACH, FL 33069	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AARONIAN, SHARRA 524 MISTY OAKS DR. POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLIER, PHILLIP 511 MISTY OAKS LN POMPANO BEACH, FL 33069	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOMMARITO, SALVADOR 526 MISTY OAKS DR. POMPANO BEACH, FL 33069	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RIDDICK, JEANNIE 605 MISTY OAKS LN POMPANO BEACH, FL 33069	☐ 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 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.

SIGNATURE: Bob Aaronian 3-22-2008 954-970-3109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #