

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23195

FILED
Mar 06, 2009
Secretary of State

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

Current Principal Place of Business:

% EXCLUSIVE PROPERTY MGMT CO.
1280 S.W. 36TH AVE., STE 301
POMPANO BEACH, FL 33069

New Principal Place of Business:

% EXCLUSIVE PROPERTY MGMT
1280 S.W. 36TH AVE., STE 301
POMPANO BEACH, FL 33069

Current Mailing Address:

% EXCLUSIVE PROPERTY MGMT CO.
1280 S.W. 36TH AVE., STE 301
POMPANO BEACH, FL 33069

New Mailing Address:

% EXCLUSIVE PROPERTY MGMT
1280 S.W. 36TH AVE., STE 301
POMPANO BEACH, FL 33069

FEI Number: 65-0056647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EXCLUSIVE PROPERTY MGMT., INC.
1280 SW 36TH AVE.
#301
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

EXCLUSIVE PROPERTY MGMT.
1280 SW 36TH AVE.
#301
POMPANO BEACH, FL 33069 US

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: STEVE CABALLERO

03/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AARONIAN, ROBERT
Address: 524 MISTY OAKS DR.
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: SEHELL, LLOYD
Address: 604 MISTY OAKS LN
City-St-Zip: POMPANO BEACH, FL 33069

Title: TD () Delete
Name: COLLIER, PHILIP
Address: 511 MISTY OAKS DR.
City-St-Zip: POMPANO BEACH, FL 33069

Title: SD () Delete
Name: AARONIAN, SHARRA
Address: 524 MISTY OAKS DR.
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: BOMMARITO, SALVADOR
Address: 526 MISTY OAKS DR.
City-St-Zip: POMPANO BEACH, FL 33069

Title: VPD () Delete
Name: RIDDICK, JEANNIE
Address: 605 MISTY OAKS LN
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: ROBERT AARONIAN

PD

03/06/2009

Electronic Signature of Signing Officer or Director

Date