


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90151 037 \*\*\*\*61.25

<b>DOCUMENT # N25725</b> 1. Entity Name <b>PARK-AIRE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>640 PARK AVE NORTH WINTER PARK, FL 32789</b>			Mailing Address <b>200 N. DENNING DR. SUITE 2 WINTER PARK, FL 32789 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1122 Ayrshire St.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Orlando, FL</b>		4. FEI Number <b>59-1314583</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32803</b>		Country <b>US</b>		01112008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>CAREY, JUDI 200 N. DENNING DR. WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent Name <b>CAREY, JUDI</b> Street Address (P.O. Box Number is Not Acceptable) <b>1122 Ayrshire St.</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32803</b>		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETTIT, EVELYN 640 N PARK AVE #26 WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>BRADY</del> DENTZER, NEIL 640 N. PARK AVE #28 WINTER PARK, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUES, MARC 640 N. PARK AVE #22 WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SKOLFIELD, CYNTHIA 640 N. PARK AVE # 33 WINTER PARK, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGSON, SHARI 640 PARK AVE N #36 WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRADY, MAUREEN 640 N. PARK AVE # 23 WINTER PARK, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FRENCH, NORA 640 N PARK AVE., #21 WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOBERG, PATRICK 640 N PARK AVE #25 WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MOBERG, PATRICK 640 N. PARK AVE. #25 WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEISMAN, ARLENE 640 N. PARK AVE # 29 WINTER PARK, FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GELIN MU, SUSAN 640 N. PARK AVE., #27 WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete			
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>Judi Carey, LCAM</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>April 23, 08</i> Daytime Phone # <i>407-898-1672</i>		

JUDI CAREY