

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

112

<b>DOCUMENT # N96000000073</b>					
<b>1. Entity Name</b> PALM-AIRE RESORT OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2601 PALM-AIRE DR N POMPANO BEACH, FL 33069 US			<b>Mailing Address</b> 2601 PALM-AIRE DR N POMPANO BCH, FL 33069 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03202007 Chg-NP CR2E037 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> GREENSPOON, MARDER, HIRSCHFELD & RAFKIN, PA 100 WEST CYPRESS CREEK ROAD TRADE CENTRE SOUTH, SUITE 700 FORT LAUDERDALE, FL 33309				<b>7. Name and Address of New Registered Agent</b> Name: CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET City: TALLAHASSEE FL Zip Code: 32301	
<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.</b> SIGNATURE: <u>Heather Chapman</u> <b>Heather Chapman as its agent</b> 3/26/2007 <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, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<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	PD VITALE, JOHN <input type="checkbox"/> Delete 2601 PALM AIRE DR N. POMPANO BEACH, FL 33069		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete FORBES, CHRIS 2601 PALM AIRE DR. N POMPANO BEACH, FL 33069		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT RICK DINGLE <input checked="" type="checkbox"/> Addition 2601 PALM AIRE DR N. POMPANO BEACH FL. 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete WALTERS, DAN 8427 SOUTH PARK CIRCLE ORLANDO, FL 32819		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500094838483 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/20/07 954 968 2722 <small>Date Daytime Phone #</small>		

07 MAR 27 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA





CORPORATION SERVICE COMPANY

2/2

ACCOUNT NO. : 072100000032

REFERENCE : 821313 7342528

AUTHORIZATION :

COST LIMIT : \$ 61.25

ORDER DATE : March 26, 2007

ORDER TIME : 5:02 PM

ORDER NO. : 821313-005

CUSTOMER NO: 7342528

CHANGE OF AGENT/ANNUAL REPORT

NAME: PALM-AIRE RESORT OWNERS  
ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER: \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2007 MAR 27 AM 8:54  
TO AGENCY FILE  
SUFFICIENCY OF FILING