


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90020 014 ****70.00

DOCUMENT # N96000000073					
1. Entity Name PALM-AIRE RESORT OWNERS ASSOCIATION, INC.					
Principal Place of Business 2601 PALM-AIRE DR N POMPANO BEACH, FL 33069 US			Mailing Address 2601 PALM-AIRE DR N POMPANO BCH, FL 33069 US		
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	02012008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0662716				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$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 PD NAME VITALE, JOHN STREET ADDRESS 2601 PALM AIRE DR N. CITY-ST-ZIP POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete		TITLE PD NAME DUNSTAN, RICK STREET ADDRESS 2601 PALM AIRE DR, N. CITY-ST-ZIP POMPANO BEACH, FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME DINGLE, RICK STREET ADDRESS 2601 PALM AIRE DR. N. CITY-ST-ZIP POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete		TITLE VP NAME JORGE LARTEU STREET ADDRESS 2601 PALM AIRE DR. N. CITY-ST-ZIP POMPANO BEACH, FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME WALTERS, DAN STREET ADDRESS 8427 SOUTH PARK CIRCLE CITY-ST-ZIP ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete		TITLE STD NAME JEFF MUSSELMAN STREET ADDRESS 8427 SOUTH PARK CIRCLE CITY-ST-ZIP ORLANDO, FL 32819	<input type="checkbox"/> Change <input checked="" 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	
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	
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 an other like empowered.					
SIGNATURE: <i>Rick Dunstan</i>			2/26/08 9549682706		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		